

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

DOUGLAS JOHNSON,

Plaintiff,

vs.

COOK COUNTY SHERIFF THOMAS DART,
in his official capacity,
ANTWAUN BACON, a CCDOC officer,
and COOK COUNTY, a municipal
corporation,

Defendants.

30(b)(6) deposition of COOK COUNTY SHERIFF
THOMAS DART, by and through his representative LARRY
GAVIN, taken remotely before NADINE J. WATTS, CSR, RPR,
and Notary Public, pursuant to the Federal Rules of
Civil Procedure for the United States District Courts
pertaining to the taking of depositions, commencing at
9:08 a.m. Central Daylight Time on the 24th day of
April, A.D., 2024.

1 There were present at the taking of this
2 deposition the following counsel:

3 (Appeared via videoconference)

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11 on behalf of the Plaintiff;

12 (Appeared via videoconference)

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19 on behalf of Defendant Cook County
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21 (Appeared via videoconference)

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 on behalf of Defendant Antwaun Bacon.

30(b)(6) DEPOSITION OF LARRY GAVIN
TAKEN APRIL 24, 2024

EXAMINATION BY	PAGE
Mr. Adrian Bleifuss Prados	4, 66
Mr. James O'Connor	64

EXHIBITS
(Retained by counsel)

	PAGE
GAVIN DEPOSITION EXHIBIT 1	9
Policy 708, Control of Inmate Movements	
GAVIN DEPOSITION EXHIBIT 2	24
Policy 709, Use of Restraints	
GAVIN DEPOSITION GROUP EXHIBIT 3	32
Set of policies	
GAVIN DEPOSITION EXHIBIT 4	61
Spreadsheet	

1 LARRY GAVIN,
2 called as a witness herein, having been first duly
3 sworn, was examined upon oral interrogatories and
4 testified as follows:

5 EXAMINATION

6 by Mr. Bleifuss Prados:

7 MR. BLEIFUSS PRADOS: Q Good morning, sir. Could
8 you please state your full name and spell it for the
9 record.

10 A Sure. My name is Larry Gavin. That's
11 L-A-R-R-Y, G-A-V, as in Victor, I-N, as in Nancy.

12 Q And are you currently employed with the Cook
13 County Sheriff?

14 A I am.

15 Q And what is your rank within the Sheriff's
16 Department?

17 A My current rank is First Assistant Executive
18 Director.

19 Q And is that -- Are you a sworn officer?

20 A I am sworn.

21 Q Okay. And when did you first join the Sheriff's
22 Department?

23 A May 1st, 1995.

24 Q And what was your rank at the time?

1 A Officer.

2 Q And were you subsequently promoted?

3 A I was. I was promoted to Sergeant in April of
4 2004.

5 Q And were you subsequently promoted after that?

6 A I was. I was promoted to Lieutenant in May of
7 2008.

8 Q And were you subsequently promoted after that?

9 A I was. I was promoted to Assistant Executive
10 Director in July of 2017.

11 Q July of 2017 you said?

12 A Yes, sir.

13 Q And did you have a subsequent promotion or is
14 that your current rank?

15 A No, I had a subsequent promotion in January of
16 2022. I was promoted to First Assistant Executive
17 Director.

18 Q Thank you, sir. And how are you addressed by
19 your subordinates? First Assistant?

20 A No, just Director.

21 Q Director, okay.

22 A They call me a lot of stuff, but Director is the
23 formal title.

24 Q Okay. And, Director, have you ever been deposed

1 before?

2 A Yes.

3 Q Okay. So just to kind of refresh you on the
4 rules of a deposition, we're going to ask you a series
5 of questions. Unless counsel instructs you otherwise,
6 you are required to answer. Does that make sense?

7 A Yep.

8 Q And it's very natural in human conversation to
9 anticipate the question being posed to you and to jump
10 in, but I'd ask that you please wait for me to finish my
11 question before you answer. Does that make sense?

12 A Yes.

13 Q And I will very possibly phrase a question or
14 frame a question in a way that will be confusing to you.
15 And if that happens, please let me know and I will
16 attempt to rephrase the question. Otherwise, I will
17 assume that you understood the question. Does that make
18 sense?

19 A Yes.

20 Q Approximately how many times have you been
21 deposed?

22 A More than 10 times.

23 Q And throughout your career in the Sheriff's
24 Department, have you been in the Cook County Sheriff's

1 Department of Corrections or where have you been working
2 within the Sheriff's operations?

3 A All but two years I've been in the Department of
4 Corrections. I spent a couple of years in our
5 Information Technology Unit. But other than that, I've
6 been in the jail the entire time.

7 Q Okay. In terms of preparing for this
8 deposition, have you read the complaint in this matter?

9 A No, I have not formally read the complaint, but
10 I did speak with Mr. O'Connor, who gave me an overview
11 of the issue.

12 Q Okay. And do you personally know defendant
13 Antwaun Bacon?

14 A No.

15 Q Would you be able to recognize him if you saw
16 him?

17 A No.

18 Q Do you know whether you've ever spoken to him?

19 A I do not know.

20 Q Have you spoken -- Apart from counsel, have you
21 spoken to anybody else within the Sheriff's Department
22 about this lawsuit?

23 A Only our assistant general counsel.

24 Q And what documents, if any, did you review in

1 preparation for your deposition today?

2 A Just the Lexipol Orders 709, 148, and 708.

3 Q I'm going to attempt to share my screen. Well,
4 actually, strike that.

5 Is it your understanding that you've been
6 designated today to testify on behalf of the Sheriff
7 regarding Sheriff's Policy 709 and 708, specifically as
8 to how those policies applied to persons with
9 disabilities and persons with walking aids in Cook
10 County Jail in July of 2020?

11 A Yes.

12 Q Okay. And is it also your understanding that
13 you've been designated by the Sheriff to testify today
14 about Sheriff's personnel -- about how Sheriff's
15 personnel in July of 2020 were trained to implement
16 those policies? Is that fair to say?

17 A Yes.

18 Q Okay. And do you understand that a set of --
19 Other policies, including Policy 148, Communicating With
20 Interaction -- and Interactions With Individuals With
21 Disabilities, 705, Prohibition on Discrimination, 801,
22 Inmates With Disabilities, 807, Inmate
23 Non-Discrimination, 1103, Visitation Procedures, and
24 1219, Inmate Visitation, were recently tendered to us.

1 Is that something you're aware of?

2 A No, I'm not sure exactly which policies you all
3 received.

4 Q Okay. Are you familiar with those policies?

5 A Yes.

6 Q Okay. And are you also prepared to discuss how
7 those policies applied in July of 2020?

8 A Yes.

9 Q Okay. And you're also prepared to testify about
10 how personnel were trained in the implementation of
11 those policies in July of 2020?

12 A Yes.

13 Q Okay. Thank you.

14 I don't believe this will be a very long
15 deposition, but we just have to get through a few
16 things. I'm going to try to share my screen.

17 Do you see this screen that I'm sharing now?
18 It says Policy 708.

19 A Yes, sir.

20 Q Okay. And we would designate -- This is Bates
21 stamped -- The document starts on Bates No. 62 for
22 identification. If we could deem this Gavin Exhibit 1.

23 (Document marked as Gavin Deposition
24 Exhibit 1 for identification.)

1 Q This is called Control of Inmate Movements; is
2 that correct?

3 A Yes, sir.

4 Q And do you know -- Can you testify as to how
5 this policy would have applied to a person with a cane
6 in -- in terms of the Sheriff's policy, how it would
7 have applied to a person with a cane in July of 2020?
8 And by person, I mean a detainee.

9 A I don't understand what you mean relative to
10 apply.

11 Q This policy would have controlled and applied to
12 individuals with canes in the Cook County Jail in July
13 of 2020, correct?

14 A This policy would have applied to all
15 individuals in custody at that time, correct.

16 Q Okay. And I'm looking at Subsection 708.4. It
17 says, the movement of one or more detainees in the
18 department should be done in an orderly manner, with
19 inmates walking in pairs. Sworn members should have
20 situational awareness during the movement of inmates and
21 should consider the layout of the department, areas of
22 poor visibility, and the presence of other inmates being
23 moved. Sworn members should avoid areas where inmates
24 may have access to contraband items.

1 And then it says, inmates should be retained
2 during movement based upon individual security
3 classification, with higher risk inmates in handcuffs,
4 waist chains and leg irons. An exception to this
5 procedure is when an inmate has a physical disability
6 where restraint devices may cause injury.

7 I've highlighted that last sentence. Can you
8 explain what that highlighted sentence means?

9 A That if we're notified by our medical partners
10 that an individual in custody could be at risk of
11 injury, serious injury, that the recommendation by them
12 would be to not utilize physical restraints.

13 Q Okay. And would this have any bearing on how an
14 individual with -- who walks with a cane is restrained
15 while moving within the jail?

16 A Provided that security had knowledge of the use
17 of restraints relative to his medical need. If the
18 medical need to not have the restraints superseded our
19 security need, then we would certainly acquiesce and not
20 utilize a physical restraint.

21 Q And how would that be determined?

22 A It's determined by our medical staff, Cermak.

23 Q Okay.

24 A They establish the medical and mental health

1 need for the jail, and they communicate that to us
2 through the use of the medical alerts that are populated
3 inside of our Jail Management System, in addition to
4 meetings and roundings and interactions that our
5 administrative staff have with their administrative
6 staff and our line staff have with their nursing staff.

7 So if Larry Gavin's ability to be ambulatory is
8 extremely inhibited by the use of a mechanical
9 restraint, it would be notated in Cermak's Cerner system
10 and also communicated to security.

11 Q And how would an individual -- So is it fair to
12 say that this policy does not specifically spell any
13 particular -- spell out any particular guidance for if
14 and when a person with a cane should be handcuffed?

15 A That is correct. Our policies establish
16 high-level governance over the way in which we are to
17 carry out our operations, with the understanding that
18 there are always caveats to that. So like no policy can
19 speak to every single conceivable situation that we
20 would be confronted with.

21 Q And would it be possible that, for example --
22 or, in fact, in this case that an inmate with a cane,
23 the circumstances under which they should be handcuffed
24 are not spelled out in any written policy that you're

1 aware of that was in effect in July of 2020?

2 A That's correct.

3 Q Okay. And how would an individual's medical
4 needs be communicated to personnel, for example, in this
5 case, defendant Antwaun Bacon, as they're escorting, in
6 this case, the plaintiff, Mr. Johnson, throughout the
7 prison?

8 A So the medical need is assessed during the time
9 of intake with intermittent doctors' appointments and
10 what have you. So if an individual in custody's medical
11 need began to deteriorate to a point where medical needs
12 to intercede and make recommendations to security that a
13 mechanical restraint not be used, that happens all the
14 time.

15 So there is a constant communicative process
16 that takes place between our medical partner and
17 security to discuss particulars with the population.

18 Q And if --

19 A And their --

20 Q I'm sorry to interrupt. Please finish your
21 answer.

22 A Oh, I'm sorry. I was saying and their medical
23 needs.

24 So we speak about the specifics of individuals

1 who have a higher level of medical need. And, you know,
2 the majority of the population -- I shouldn't say
3 majority, but the population who has medical needs that
4 are being adhered to or they're being administered -- if
5 a guy's on medication and he's receiving his medication,
6 then certainly we're not communicating about that.

7 But if his need becomes greater, if we need to
8 change his housing, if we need to rethink, you know, the
9 parameters of security because of the increased medical
10 need, then certainly we will address that.

11 Q Okay. And specifically in this case, would that
12 be -- would that communication have been formalized or
13 is it an informal process by which medical staff speak
14 with security personnel?

15 A It could be a little bit of both. And what I
16 mean by that is if the individual in custody related to
17 the staff member that I should not be handcuffed because
18 of my medical condition, then the staff member would
19 have -- or should have spoken to medical, which my
20 understanding is that this individual was in our medical
21 building. So there's a 24-hour dispensary. There's
22 nursing 24 hours. And security staff are charged to
23 have that conversation with nursing.

24 I'll give you an example. Hey, Larry Gavin is

1 saying he shouldn't be handcuffed because of his medical
2 condition, can you tell me if there's anything in his
3 chart -- Because we're not privy to the specifics in the
4 medical chart, but we do have a responsibility to seek
5 out information that may be pertinent relative to
6 someone's medical condition as we attempt to sidle that
7 with the security need of the institution.

8 So I would expect the officer or the supervisor
9 to engage the medical staff to ascertain the level of
10 medical need. Hey, can this guy be handcuffed while he
11 walks for a distance to wherever? And if there's
12 something in the chart that suggests that we need to be
13 sensitive to that medical need, then of course we would
14 acquiesce.

15 If there isn't anything in there in particular
16 that suggests that he is further hampered by the use of
17 a mechanical restraint, then we would always side with
18 the use of the mechanical restraint for the safety of
19 the institution.

20 Q Okay. And do you know in this instance, if you
21 know, did Officer Bacon consult with medical personnel
22 before escorting Mr. Johnson?

23 A I don't know.

24 Q Okay. And you're saying -- And when you say

1 that, if he didn't, he ought to have?

2 A I'm saying that if he was notified by the
3 individual in custody that he felt hampered by the use
4 of a mechanical restraint, that it would have been
5 prudent for the officer to take the next step and ask
6 the medical team if there was anything in the
7 individual's chart that inhibits him from being
8 mechanically restrained.

9 Q Okay. And is it fair to say that there is no
10 policy at the Sheriff's Department that prohibits a
11 person who is dependent on a cane from walking -- from
12 being handcuffed?

13 A You're saying is -- there's no policy that
14 prohibits someone from being handcuffed?

15 Q Who has to walk with a cane.

16 A No.

17 Q Okay. And in the event that a -- And there's
18 no -- there's no system by which a Sheriff's employee or
19 a security personnel can review or familiarize
20 themselves with a detainee's medical needs absent
21 conferring with medical personnel; is that correct?

22 A That's correct.

23 Q Okay. There's no chart that they can access
24 remotely or on any device that they control, correct?

1 A There's no chart, but there are medical alerts
2 that are populated inside our Jail Management System
3 that gives us a cursory understanding of the medical
4 and/or mental health need.

5 Q And are those -- I'm sorry, finish your thought.

6 A I'm sorry. As well as the security need.

7 Q Okay. And are those medical alerts visible to
8 personnel as they're escorting detainees around the
9 jail?

10 A No, but it would be visible before they started
11 the escort if they went into the Jail Management System.

12 Q Okay. And they would have to do that at a
13 terminal or an office, or where would they do that?

14 A We have computers on all living units, all
15 posts. I mean, so there are a plethora of places for an
16 individual to access the Jail Management System via
17 computer.

18 Q Okay. And how would jail employees in the
19 summer of 2020 have been trained or informed about the
20 contents of this written policy?

21 A So I'm not sure if they update it, because we
22 make updates to policy all the time, and they get
23 notified via e-mail to go into our policy and procedure
24 manual, which is Lexipol, and to refamiliarize

1 themselves with the updated information.

2 So every employee of the Sheriff would receive
3 an e-mail that is specific to them as it relates to the
4 policies and procedure that they are governed by. So
5 they would have received an e-mail.

6 Q Okay. And then is it true that they have to
7 check a box related to that e-mail or attach that e-mail
8 that indicates that they've read the updated policy?

9 A My understanding is that they go into the policy
10 and then you check it there saying that you acknowledge
11 receipt of the policy, yes.

12 Q Okay. And apart from that checkmark, there's no
13 technology or system that guarantees that personnel are
14 reading the policy; is that correct?

15 A I have no way of knowing. That's a technology
16 question.

17 Q Okay. So you don't know one way or another
18 whether there's a way to verify that employees are
19 reading the policies, correct?

20 A I know that there is a way of verifying, but I
21 don't know the operation by which they do it because I'm
22 not in the technology unit. But I do know that there is
23 a way of verifying because we receive e-mails
24 intermittently reminding staff to acknowledge the new --

1 like a new order, a changed Lexipol order.

2 Q But that would be for staff that didn't check
3 the box, correct, indicating that they had received the
4 policy update?

5 A Yes.

6 Q Okay. So, again, the question is whether --
7 what you're able to verify is whether they've checked
8 the box, not whether they've actually sat there and read
9 the policy, correct?

10 A Again, I'm -- That you accept -- that you accept
11 that the new policy has been sent out and you're
12 acknowledging receipt of it. To the extent of whether
13 or not they read it or opened it, I don't know if
14 there's anything that would tell us that. I don't know.

15 Q Okay. And would you agree that there's no
16 language in 708 that specifies how tightly or loosely
17 restraints should be placed on an inmate when they're
18 being moved around the facility, correct?

19 A Yes, not in -- not in the policy, but in the
20 training there is.

21 Q Okay. And what is the rule in the training or
22 what's taught to staff in training?

23 A I could only speak for when I was training. So
24 I don't -- You know, so we were always taught that you

1 should leave at least a couple of fingers' worth of
2 space within the mechanical restraint to allow for the
3 individual to have blood flow and, you know, not have
4 them on too tight where they make a mark or become
5 restrictive or could possibly restrict blood flow.

6 Q And is that training done sort of on the job?
7 Is that kind of an informal process or is that taught at
8 the Academy?

9 A It's taught at the Academy.

10 Q And that would have been true also for anyone
11 working in July of 2020?

12 A Yes.

13 Q Okay. And is there any way where that lesson or
14 that principle is reinforced while people are on the
15 job?

16 A It's really in-service training when we go
17 through our use of force modules I'm sure, yes.

18 Q Okay. And what's the purpose of that -- of that
19 practice of leaving some space between the wrist and the
20 metal band?

21 A Just to ensure that the individual being
22 restrained has proper blood flow and we're not
23 restricting their -- the ability of the blood to flow
24 and, you know, risk of clot or, you know, have them --

1 have the individual leave marks on their wrist or
2 whatever. Swelling --

3 Q Okay. So would you -- I'm sorry if I
4 interrupted.

5 A No, I was saying swelling or anything of that
6 magnitude.

7 Q All right. So the purpose is to avoid swelling,
8 the leaving of marks or injuries in general; is that
9 correct?

10 A That's correct.

11 Q And would it be fair to say that if the
12 handcuffs are placed so tightly that they do leave red
13 marks and swelling or cause injuries, those handcuffs
14 were placed too tightly?

15 MR. O'CONNOR: I'm going to object to the form of
16 the question. You may answer.

17 MR. BLEIFUSS PRADOS: Q You can still answer.

18 A Yeah, I mean, I can't speak to every
19 individual's wrist. Some people swell -- I mean,
20 everybody is made up differently.

21 So I can't speak to, you know, any one
22 individual having handcuffs on, whether they were too
23 tight or not, whether the swelling was due to the
24 handcuffs being placed too tight or not. I mean, I

1 don't think it would be prudent for me to speak to that.

2 Q Would you agree that if and when handcuffs are
3 applied without leaving the two-finger gap that you
4 described, that would not be consistent with the
5 policies and practice -- normal practices of the
6 Sheriff's Department?

7 MR. O'CONNOR: Object to the form of the question.
8 You may answer.

9 THE WITNESS: Yeah, I wouldn't speak -- I wouldn't
10 say that because I don't -- there's no written policy
11 that says that you have to leave two fingers. This is
12 just what we were taught in the Academy. And behind
13 it -- the concept behind it was to find a way to
14 establish how tight or loose you have them on the
15 individual in custody.

16 So it's -- I don't think it's a stated practice
17 more so than it is an understood one from going through
18 the Academy when you're learning about the use of
19 mechanical restraints and such, so.

20 MR. BLEIFUSS PRADOS: Q Okay. Well, I understand
21 it's not a written policy. Would you say it's an
22 unwritten policy or practice?

23 MR. O'CONNOR: Objection.

24 THE WITNESS: Yeah, I didn't say that. I said it's

1 understood -- From my experience of being in the
2 Academy, that was the example that was given to me to
3 establish whether or not you were utilizing mechanical
4 restraints too tightly.

5 I have seen other law enforcement officers use
6 three fingers instead of two. I mean, so like the
7 concept is to be as least intrusive with the use of
8 mechanical restraints as possible. And that's the goal.

9 MR. BLEIFUSS PRADOS: Q Okay. So it's neither an
10 unwritten policy, nor a practice, it is an
11 understanding -- a general understanding that you hope
12 people develop at the Academy?

13 A I never said it wasn't a practice. You said
14 that.

15 Q Okay. So how would you characterize it?

16 A I would characterize it as everyone that goes
17 through the Sheriff's Academy understands that when
18 you're placing mechanical restraints on an individual,
19 you have to do them in a way that does not become too
20 restrictive and affect their blood flow, cause swelling,
21 bleeding. In other words, don't put handcuffs on too
22 tight. That's what I remember.

23 Q Could you call that an unwritten rule?

24 MR. O'CONNOR: Objection to the form.

1 THE WITNESS: Yeah. Sorry.

2 MR. O'CONNOR: You may answer.

3 THE WITNESS: Yes.

4 MR. BLEIFUSS PRADOS: Q Okay. And is it an
5 unwritten rule that personnel are expected to follow?

6 MR. O'CONNOR: Objection to form. You may answer.

7 THE WITNESS: Yes.

8 MR. BLEIFUSS PRADOS: Q Okay. I'm going to switch
9 over to what we're going to call Gavin Exhibit 2. This
10 is Policy 708, Use of Restraints. It starts on Bates
11 No. 156.

12 (Document marked as Gavin Deposition
13 Exhibit 2 for identification.)

14 MR. O'CONNOR: 709?

15 MR. BLEIFUSS PRADOS: I'm sorry, yeah, 709. I
16 apologize.

17 There is a subsection of this called 709.3.1,
18 Use of Restraints On Disabled Subjects. Are you
19 familiar with this subsection of this policy?

20 A Yes.

21 Q Okay. And this policy says that a physical
22 disability, e.g., visually impaired, hearing impaired,
23 or paraplegic, does not preclude the use of restraints
24 on an inmate. Sworn members should take the factors

1 outlined in this policy into consideration when
2 determining the types of restraints used on an inmate.

3 Would this encompass -- Would this apply to --
4 this subsection apply to detainees who are issued canes?

5 A This policy, as with all, establishes governance
6 on the way we interact with the population. So, yes.

7 Q Okay. And would you agree that a detainee who
8 has been issued a cane is a disabled inmate for the
9 purposes of this policy?

10 A No.

11 Q Okay. What is a disabled inmate? Who would
12 qualify as a disabled inmate?

13 A Medical establishes whether someone's disabled.
14 I mean, I'm not a lawyer, so I don't know the legal
15 definition of disabled. But in my 29 years I have
16 watched the population walk around with a cane and then
17 go out to the recreation yard and play basketball. So I
18 don't quantify it that way.

19 I follow the recommendation of Medical as it
20 relates to what the individual can and cannot do from an
21 ambulatory perspective. And we are responsible for
22 adhering to whatever constraints we're given by Medical.
23 So it's not my job to say someone is disabled because I
24 don't know the legal definition of being disabled.

1 Q Okay. Is anyone -- Anyone who wants a cane, are
2 they allowed to have a cane in the Cook County Jail?

3 MR. O'CONNOR: Objection to the form. You can
4 answer if you know.

5 THE WITNESS: Not to my knowledge, no.

6 MR. BLEIFUSS PRADOS: Q So an inmate has to
7 demonstrate some need for a cane for ambulation before
8 they're given a cane?

9 MR. O'CONNOR: Objection to the form and basis of
10 knowledge.

11 THE WITNESS: Yeah, I don't know what they have to
12 demonstrate.

13 MR. BLEIFUSS PRADOS: Q Okay. But it's not
14 something that anyone can get, correct?

15 MR. O'CONNOR: Objection to form. You can answer.

16 THE WITNESS: I don't -- Honestly, I don't know
17 because, like I said, I've seen too many people with
18 canes do activities that I just discussed. So I don't
19 know what the threshold is for an individual in custody
20 to be -- to receive a cane.

21 MR. BLEIFUSS PRADOS: Q I'm looking at the second
22 section I've highlighted there, the second -- not
23 section, but piece of language I've highlighted there,
24 saying when applying restraints to a disabled inmate,

1 the responsible sworn member shall promptly notify
2 his/her immediate on-duty supervisor.

3 Would that requirement apply to correctional
4 personnel who are applying handcuffs to a person with a
5 cane?

6 A Again, this policy, as with all, just
7 establishes universal governance on the way we are
8 charged to deal with the population.

9 The RTU is a medical and mental health
10 facility. So the governance that's established within
11 this policy, it's in force, as with all, but the
12 supervisors who are privy to the movement for the day,
13 they understand who will be receiving visits and who's
14 going to the dispensary and all of those things that
15 require movement. There's already an understanding that
16 they know who's being moved and a mechanical restraint
17 will be utilized for that movement.

18 MR. BLEIFUSS PRADOS: Thank you. Madame Court
19 Reporter, could you please read my last question back.

20 (Whereupon, the reporter read the following:

21 "Q I'm looking at the second section I've
22 highlighted there, the second -- not section,
23 but piece of language I've highlighted there,
24 saying when applying restraints to a disabled

1 inmate, the responsible sworn member shall
2 promptly notify his/her immediate on-duty
3 supervisor.

4 Would that requirement apply to
5 correctional personnel who are applying
6 handcuffs to a person with a cane?")

7 MR. BLEIFUSS PRADOS: Q Thank you very much. And
8 is your answer to that, no, that that does not control
9 over a person who's applying handcuffs to a person with
10 a cane?

11 A My answer to that is that I globalized my answer
12 by saying it's not specific to someone with a cane.

13 Q Okay. But does it include people with a cane?

14 A It includes anyone incarcerated in the
15 Department of Corrections.

16 Q Okay. So would you agree that Defendant Bacon
17 should have conferred with a supervisor before applying
18 the handcuffs to Mr. Johnson in July of 2020?

19 A I would not agree to that.

20 Q Okay. Because this policy doesn't require that
21 he do so, correct?

22 A No, I didn't say that.

23 Q Okay. So could you clarify?

24 A Again, this policy establishes universal

1 governance on the way in which we are to interact with
2 the population.

3 The individual that we are discussing was
4 already assigned to a medical and mental health housing
5 unit, which there's an understanding that there's an
6 elevated level of medical or mental healthcare that does
7 not necessitate the sworn staff member making
8 notification to the on-duty supervisor because of those
9 things, in addition to the fact that the supervisors in
10 that medical and mental health housing facility have
11 firsthand knowledge of their movement for the day.

12 So it's already understood that I have visits
13 today or I have medical movement or I have mental health
14 movement. So the supervisor has already been made aware
15 of all of the movement for the day.

16 Q Okay. So there's no -- Specifically when
17 someone is being moved out of Division 8, there's no
18 requirement that the escort has to confer with a
19 supervisor because it's presumed that these are kind of
20 special cases that are already on the supervisor's
21 radar; is that the answer? Is that your answer?

22 A It's not presumed. The population in the RTU
23 has an elevated medical and/or mental health need.

24 Q Okay. And would any escort who's taking -- And

1 escort is perhaps -- What's the terminology you would
2 use to describe someone who has been tasked with moving
3 personnel between divisions?

4 A A movement officer.

5 Q Okay. Would the movement officer be aware that
6 anyone being moved out of Division 8 has some special
7 medical situation?

8 A Yes, because everybody who's housed in the RTU
9 has an elevated medical and/or mental health need.

10 Q Okay. And, so in short, because they are
11 presumed to have an elevated medical or mental health
12 need and because supervisors are already aware of their
13 movements for the day, there's no reason why a movement
14 officer needs to confer with any supervisor before
15 moving an inmate; is that correct?

16 A I didn't say that. And there is no presumption.
17 It's a fact that if you are housed in the RTU, you're
18 going to have an elevated medical or mental health alert
19 in our Jail Management System.

20 It's not a presumption. We're not working on
21 presumptions. You're going to be an M3, which is an
22 elevated medical need, and you're going to be a P3,
23 which is an elevated psychological need. So that's not
24 a presumption. That's a fact.

1 Q Okay. Any movement officer would know about
2 that fact?

3 A That is correct.

4 Q Okay. And would you agree that -- Is it not
5 your testimony that that movement officer would not need
6 to notify an immediate supervisor before restraining a
7 Division 8 inmate?

8 A As I've said two other times, and I'll say it
9 again, our policies establish governance for the way we
10 are to interact with the population. This statement
11 here works as a construct to help the individual staff
12 member understand their responsibilities to the
13 organization.

14 There's a working understanding that if you are
15 housed in the RTU, you have an elevated medical and/or
16 mental health need.

17 Q Okay. So this written policy establishes
18 general principles, but it doesn't necessarily govern
19 specific instances; is that fair to say?

20 A There's no policy that could govern every single
21 conceivable instance that we would encounter in the
22 institution. That is correct.

23 Q Okay. And, for example, this policy does not
24 specifically govern the handcuffing of a person who's

1 dependent on a cane; is that correct?

2 A I did not see anything specifically to anyone
3 being handcuffed with a cane in this policy.

4 Q Okay. In your general experience while working
5 at the Sheriff's Department, have you ever encountered
6 the issue of handcuffing people with canes in terms of
7 setting policy or establishes norms or practices?

8 A I'm sorry, could you say that again?

9 Q Yeah. In your years of experience with the
10 Sheriff's Department, have you ever encountered the
11 issue or the policy-making task of establishing rules or
12 policies or norms about how and when inmates with canes
13 should be handcuffed?

14 A I have not, no.

15 Q Okay. Have you ever -- Has this ever been a
16 problem that you've had to deal with in your
17 administrative capacity at the jail?

18 A No.

19 Q Okay. I'm going to move over to what we're
20 going to call Gavin Group Exhibit 3. This is a set of
21 policies that were tendered last week to us.

22 (Document marked as Gavin Deposition
23 Group Exhibit 3 for identification.)

24 Q We're going to start with Policy 148. Are you

1 familiar with this policy?

2 A Yes.

3 Q And this starts on Bates No. 164 of this group
4 exhibit.

5 And this policy includes some highlighted
6 language that I'm going to read here. It says, mobility
7 impairment refers to the inability of an individual to
8 use one or more of his/her extremities or a lack of
9 strength to walk, grasp, or lift objects. The use of a
10 wheelchair, crutches, or a walker may be utilized to aid
11 in mobility.

12 Would you agree that this policy spells out
13 that persons who have difficulty walking have mobility
14 impairments? That means they have disabilities, they
15 have a disability?

16 A No.

17 Q Okay. What does a mobility impairment mean?

18 A What do I think a mobility impairment means? I
19 don't know what the technical definition of mobility
20 impairment means. It's all subjective in my mind. But
21 I would say that if someone is impaired mobility, it's
22 that they're not very ambulatory.

23 Q Okay. And would requiring a cane to walk around
24 be a sign of impaired mobility?

1 A Yes.

2 Q Okay. I'm scrolling around here. Thank you for
3 your patience. And I'm now looking at Procedure 705,
4 which starts on Bates No. 173. This is the Prohibition
5 Against Discrimination on the Basis of Disability.

6 Can you describe the purpose of this
7 prohibition?

8 A It says the procedure provides guidelines for
9 Cook County Department of Corrections' members with
10 regard to the proper identification of inmates with
11 disabilities and assures -- I mean, yeah, assures their
12 access to programs, services, and activities.

13 Q And there's a Subsection 705.7 about mobility
14 impairments, persons with mobility impairments, correct?

15 A Yes.

16 Q And is it true that canes are specifically and
17 expressly described in here as an auxiliary aid for
18 inmates with mobility impairments?

19 A Yes.

20 Q And then Subsection 3 of -- This is Subsection
21 705.7. And this is -- I guess it would be 705.7.3. It
22 says that inmates with mobility disabilities shall be
23 permitted to maintain the use of their auxiliary aids as
24 prescribed, e.g., long distance only, full time. Can

1 you explain what that Subsection 3 means?

2 A There are two separate medical alerts. One, a
3 cane, and then there's another one that says cane long
4 distance only.

5 So if an individual in custody had the cane
6 long distance only, they would not keep the cane on
7 their person full time, only when they were in transit,
8 being moved -- being moved outside of the housing unit
9 for a long distance.

10 The individual with the medical alert that just
11 says cane means that they're allowed to have their cane
12 all the time.

13 Q Okay. And so there's no way that somebody would
14 be allowed to have a cane as they're being escorted
15 between different units unless they have the long
16 distance medical alert for a cane; is that correct?

17 A No, that's not what I said.

18 Q Okay. Please clarify, or please explain.

19 A I said if you have -- There are two separate
20 medical alerts in our Jail Management System that get
21 fed from the medical system. One says cane. If you
22 just have a regular cane alert, you keep your cane on
23 you full time. If you have the cane long distance only,
24 you do not keep that cane on your person unless you're

1 in transit for a long distance.

2 Q Okay. And if -- I'm sorry, finish your thought.

3 A If you have cane long distance, you wouldn't
4 have the cane on your person while you're moving about
5 the living unit.

6 Q Okay. And so if you're allowed to have a cane
7 while being escorted between units, you have at least a
8 long distance medical alert and possibly a full-time
9 cane medical alert, correct?

10 A Yes.

11 Q Okay. And so you would be one of the detainees
12 that are described here within this policy, correct?

13 A Yes.

14 Q Okay. And, again, how would a movement officer
15 know whether a detainee has a long distance or full-time
16 cane medical alert?

17 A It's in the Jail Management System. They have
18 an order from a doctor that they have on their person
19 that says what their medical orders are for the medical
20 device that they've been given.

21 Q Okay. And they would need to go to a terminal
22 or office to review that information, correct?

23 A Not an office. They could go to one of the
24 posts in any living unit.

1 Q Yes.

2 A Or they could --

3 Q And just -- I'm sorry.

4 A Or they could ask the individual in custody to
5 see their order.

6 Q Okay. And if the individual in custody already
7 has a cane, is that a good sign to the movement officer
8 that this individual has a medical alert for that cane?

9 MR. O'CONNOR: Objection to the form. You may
10 answer.

11 THE WITNESS: Not always, because members of the
12 population loan their medical devices to other people.
13 So I would say no.

14 MR. BLEIFUSS PRADOS: Q Okay. So should a
15 movement officer review a detainee with a cane's medical
16 alerts moving them between units?

17 A No.

18 Q Okay. Why not?

19 A If the individual has a cane -- I don't know
20 what the -- If you wanted to affirm -- If you wanted to
21 affirm that the individual needs the cane, then, yes.
22 But if you're just moving the individual in custody from
23 one area to another for the purpose of an operation,
24 then you would just move the individual.

1 If there was a security concern, then
2 certainly you would look up the individual to ascertain
3 whether or not, you know, the cane is needed, if the
4 cane's needed for long distance.

5 A lot of times the living unit officer already
6 has done that cursory work. So if I am the movement
7 officer, when I come on -- when I land on the living
8 unit to pick up Larry Gavin, the living unit officer's
9 already said, hey, I already checked Larry Gavin out, he
10 has a cane, he has a cane alert that's active, so he's
11 going to use his cane.

12 Q Okay. So would there be some kind of mechanism,
13 even if it's an informal verbal exchange between jail
14 personnel, that would alert the movement officer to the
15 fact that it's okay for this person to have a cane?

16 MR. O'CONNOR: Objection to the form. You may
17 answer if you understand.

18 THE WITNESS: I mean, yeah, but I don't -- I mean,
19 no one is attempting to remove the medical device from
20 the individual unless there's a belief that the person's
21 not entitled to it. So I'm not really sure what I'm
22 answering.

23 I mean, if you have a cane, if you've been
24 issued a medical device, you will be allowed to utilize

1 your medical device.

2 MR. BLEIFUSS PRADOS: Q Okay. Is there any policy
3 that you're aware of, either a written policy or an
4 unwritten rule or practice, in force in the Sheriff's
5 Department that relates to the difficulty with which
6 persons with canes will -- Strike that.

7 Is there any policy, either written policy or
8 practice, that you're aware of that addresses the issue
9 of when persons with canes can be handcuffed or
10 contemplates the difficulty with which persons with
11 canes will walk around when they're handcuffed?

12 MR. O'CONNOR: Objection to the form, compound. You
13 can answer if you understand.

14 THE WITNESS: Having a cane does not preclude you
15 from being handcuffed. Just because you have a cane
16 does not mean that you will not be placed in mechanical
17 restraints.

18 MR. BLEIFUSS PRADOS: Q And under some
19 circumstances could it mean that you would not be placed
20 in mechanical restraints?

21 A That's a hypothetical. I mean, you know,
22 everything is individualized, and with -- like I said
23 earlier, with the consult from Medical.

24 If there is a medical reason that has been

1 communicated to security that an individual can be
2 further impaired by the use of a mechanical restraint,
3 and the recommendation from our medical partner is that
4 they not be secured in a mechanical restraint because of
5 their medical condition, then they will not be secured
6 in a mechanical restraint.

7 Q Okay. So there's no written policy that
8 addresses that specifically; it's determined through
9 consultation between security personnel and medical
10 personnel?

11 A We spoke on that earlier. Yes.

12 Q And is there any process in place that ensures
13 that that consultation happen that you're aware of?

14 A Is there any -- I'm sorry, can you reask the
15 question?

16 Q Sure. Is there any policy in place that ensures
17 that that consultation happen?

18 A As previously stated, everyone who comes into
19 the institution receives a medical evaluation. And if
20 the medical evaluation determines that someone is in
21 need of the use of a cane, they're issued the use of a
22 cane with the appropriate corresponding medical alert.

23 If at any point their medical need is increased
24 or there is a change in their medical condition to which

1 the use of a mechanical restraint is not recommended by
2 Medical, they will communicate that to Security and we
3 will acquiesce based on their recommendation and not use
4 a medical -- I mean a mechanical restraint.

5 Q So is it fair to say that you don't know of any
6 specific policy that ensures that that consultation
7 happens?

8 A I don't know of -- We have an interagency
9 agreement with our medical partners, and I'm not privy
10 to every single word that's contained therein. But we
11 do have communications with our medical partners I'm
12 involved in three times a week at least. So there is a
13 static communication at an administrative level between
14 us and our medical partners.

15 The superintendents of the housing units have
16 interagency meetings where they meet with our medical
17 and mental health partners. So there's a hierarchal
18 structure of meetings and deliberations that take -- and
19 communications that take place daily, weekly, biweekly,
20 triweekly, monthly. So there is static systems in place
21 to discuss the medical and mental health needs of the
22 population.

23 Q Okay. And are those discussions that you're
24 privy to, are they about specific inmates or are they

1 about general policy?

2 A Both.

3 Q Okay. And do you know either way whether there
4 was any specific communication between administration
5 and medical personnel regarding the plaintiff in this
6 case, Douglas Johnson's medical needs?

7 A I do not know.

8 Q Okay. I'm scrolling down to Policy 801. This
9 is, again, within Gavin Group Exhibit 3. This document
10 starts on Bates No. 181.

11 And this is Inmates With Disabilities. Are you
12 familiar with this written policy?

13 A Yes.

14 Q And what is the purpose of this written policy?

15 A The policy provides guidelines for addressing
16 the needs and rights of inmates detained by the Cook
17 County Department of Corrections in accordance with the
18 Americans With Disabilities Act.

19 Q Okay. Then there's a subsection called 801.4,
20 Sworn Member Responsibilities. And part of this
21 subsection says that a sworn member should accommodate
22 requests for assistance from inmates with disabilities
23 if the accommodation would not raise a safety concern or
24 affect the orderly function of the department.

1 Is there any policy on point or any rule at the
2 Sheriff's Department about whether inmates with canes
3 have to be handcuffed as they're moved between units or
4 not?

5 A Respectfully, I think we asked and answered
6 that. But can you ask it again?

7 Q Sure. Is there any policy on point -- any
8 policy at the Sheriff's Department that states one way
9 or another whether a detainee with a cane medical alert
10 or who depends upon a cane to walk should be handcuffed
11 as they're moved between units?

12 MR. O'CONNOR: Objection. But you may answer it.

13 THE WITNESS: So as I previously stated, every
14 individual in custody with a cane is subject to the use
15 of medical -- I mean, I'm sorry, mechanical restraints
16 unless otherwise notified by our medical partner or if
17 the Sheriff's ADA coordinator makes a recommendation to
18 Security that based on the elevated medical need that
19 the individual should not be restrained.

20 MR. BLEIFUSS PRADOS: Q Okay. So the presumption
21 is that they should be restrained?

22 A It's not a presumption. Everyone that's
23 incarcerated in the Cook County Department of
24 Corrections, unless otherwise stated because of their

1 enhanced medical need, will be restrained. That's not a
2 presumption.

3 Q Okay. And you agree that there are exceptions
4 to that general policy, correct?

5 A I agree that there are exceptions to every
6 general policy, yes.

7 Q Okay. And is there a particular system in place
8 to communicate to movement officers when and where those
9 exceptions should be made?

10 A We've discussed that as well, respectfully.
11 We've talked about the communicative process between our
12 medical and mental health partners and Security. And we
13 talked about the ability for our line staff to engage
14 medical nursing staff. We talked about the fact that
15 the RTU has a 24-hour dispensary that is manned by
16 medical personnel constantly.

17 So, yes, those systems are in place for the
18 very reason that every policy cannot encompass every
19 single conceivable situation that a sworn staff member
20 would be confronted with within the institution.

21 Q Okay. Would you agree that there's no system in
22 place that requires a sworn staff member from conferring
23 with supervisors or medical personnel to determine
24 whether an exception would be made to the mechanical

1 restraint rule?

2 A I would not agree with that.

3 Q Okay. Can you elaborate?

4 A Because we have a responsibility to the medical,
5 mental health, and safety needs of the people in our
6 custody and we are charged to do what we can to make
7 sure that we are not in violation of any of their
8 Constitutional rights, nor are we in violation or
9 attempting to treat them inhumanely as it relates to a
10 medical condition.

11 So if an individual with a cane tells us that
12 he cannot walk, the expectation is that the sworn staff
13 member would communicate that up the chain of command,
14 and the chain of command would make notification to
15 medical saying that the individual was saying that he
16 cannot walk, would you guys -- and we would get him a
17 medical evaluation and then we would take the
18 recommendation of our medical partners.

19 So, no, we have systems in place that the -- I
20 mean that staff are responsible for to make sure that
21 we're not treating people inhumanely.

22 Q Okay. So the staff member should, upon being
23 told by an inmate that they cannot walk, should engage
24 in this investigation or consultative process, correct?

1 A That's correct.

2 MR. O'CONNOR: Object to form.

3 MR. BLEIFUSS PRADOS: Q And if they don't, are
4 they breaking the Sheriff's Department's rules?

5 MR. O'CONNOR: Objection to the form. You may
6 answer.

7 THE WITNESS: Yes.

8 MR. BLEIFUSS PRADOS: Q Okay. And is there any
9 mechanism in place that you're aware of that enforces
10 this responsibility that sworn officers have, sworn
11 members have, to inquire with their supervisors or
12 medical personnel about an inmate's needs?

13 A The population can file a grievance. And in the
14 grievance they can say that on this date and time I was
15 being escorted and I said to the officer that I couldn't
16 walk and the officer made me walk anyway. And then that
17 will be investigated and reviewed.

18 Q Okay. So the grievance process is an important
19 part of the kind of accountability system for enforcing
20 these rules; would you agree?

21 A I would agree that the grievance process serves
22 as kind of an oversight as it relates to ensuring that
23 the population is treated fairly and equitably and have
24 a voice in addressing what they believe to be

1 violations, yes.

2 Q Okay. When inmates are visiting -- Well, strike
3 that.

4 Where would an inmate in July of 2020 -- And,
5 again, when I'm saying inmate, I'm saying inmate and
6 detainee as sort of interchangeable terms for the
7 purposes of this deposition.

8 In July of 2020 where would an inmate housed in
9 the medical unit meet with visitors? Where physically
10 in the jail complex would they meet with visitors, if
11 you know?

12 A So this was during the time of the pandemic. I
13 know that the visitation area in the RTU is on the
14 second floor. But I can't speak specifically to where
15 this individual was going to visit on the given day.

16 Q Okay. And is that because during the
17 pandemic -- during the height of the pandemic the jail
18 probably didn't want visitors coming to the medical
19 building?

20 MR. O'CONNOR: Objection to the form. You may
21 answer.

22 THE WITNESS: Yeah, I don't know what the thought
23 was at the highest levels of the office. I just know
24 that the visitation room in the RTU was on the second

1 floor. But I can't remember if that room was being
2 utilized in July of 2020.

3 MR. BLEIFUSS PRADOS: Q And what were the rules
4 about the use of mechanical restraints for inmates while
5 they're meeting with visitors in July of 2020?

6 A I don't know if there were any rules in
7 particular because it was July of 2020.

8 Q And is that because the conditions were so
9 abnormal at that time, or what do you mean?

10 A Because I don't know if we made a variance to
11 our practice because of the pandemic. So I'm not sure.

12 Q Okay. How -- You've described a number of
13 processes that sworn members are supposed to participate
14 in when evaluating an inmate's medical needs, and
15 specifically whether they need to be restrained with a
16 handcuff -- with handcuffs while being moved. How would
17 those practices or procedures be taught to sworn
18 personnel?

19 A Well, you mischaracterized my statement. I
20 didn't -- That's not what I said.

21 Q Please clarify -- Please correct what you said.

22 A I said that if the staff member had concerns
23 about whether or not an individual's use for a cane --
24 Because we were talking about an individual's use for a

1 cane and you were asking me, well, how would they know
2 if they need to use the cane or not. And I said that
3 there are processes in place by which they could find
4 out if they wanted to know for sure that the individual
5 rightly was entitled to use the cane by way of alert
6 through the jail mass, speaking with medical staff, so
7 on and so forth.

8 And then we talked about whether or not an
9 individual -- if an individual said to a staff member
10 that he or she could not physically walk. Then we said
11 that they would make notification up the chain of
12 command and that they would consult with Medical and get
13 the individual a medical consult to determine his or her
14 level of medical care or need.

15 Q Okay. And how are sworn members instructed in
16 following those procedures?

17 A To, first of all, make notification to their
18 immediate supervisor, who would engage and become a part
19 of whatever the scenario that's presenting itself is.
20 And between that first line or command-level supervisor,
21 someone would consult with Medical and have the
22 individual in custody receive a medical evaluation based
23 on the, for lack of a better word, complaint that the
24 individual in custody is making relative to his or her

1 ability to walk or use the cane or not be able -- you
2 know, or whatever.

3 Whatever the medical need is, we have a
4 responsibility to get the individual in front of Medical
5 so that his medical -- his or her medical need can be
6 addressed.

7 Q Okay. And how is that responsibility
8 communicated to sworn members or inculcated in the
9 staff? Is it through on-the-job training? Is it at the
10 Academy? Is it through e-mails? How is this taught to
11 people?

12 A It starts at the Academy with understanding our
13 responsibility to avail individuals in custody to our
14 medical and mental health partners.

15 In emergent circumstances we would call 911.
16 We don't -- You know, so like it's just our operation.
17 There's a hierarchal level of integration with respect
18 to working with the medical and mental health partners
19 to assess the medical and mental health need of the
20 individuals in custody. And Security has the
21 responsibility to avail those individuals to our medical
22 and mental health partners as they need to be.

23 Q Okay. Is it fair to say that there's no written
24 policy that specifically addresses when and where

1 individuals with a cane should be handcuffed as they're
2 being moved or when exceptions should be made to that
3 general practice?

4 MR. O'CONNOR: Objection, form, asked and answered.
5 You can answer.

6 THE WITNESS: Yeah, we keep going around,
7 respectfully. This is the fourth time.

8 Again, everyone in custody that has a medical
9 device of a cane primarily will be placed in mechanical
10 restraints unless otherwise recommended by our medical
11 partner. We default to the medical -- We default to the
12 mechanical restraint. I guess that's the best way to
13 put it.

14 Everyone with a cane will be handcuffed to the
15 front unless otherwise recommended by our medical
16 partner or the Sheriff's ADA coordinator who believes
17 that the individual's medical need supersedes the
18 security need, and then we would acquiesce to that
19 recommendation.

20 MR. BLEIFUSS PRADOS: Q Okay. Is there a written
21 policy that says when an inmate has a cane, the default
22 is to handcuff them?

23 A No.

24 Q Okay. Is there any written policy that

1 addresses exceptions to when an individual with a cane
2 should need not be handcuffed I guess?

3 A No, but there's no policy -- I mean, everyone
4 that's incarcerated in the jail, there's a high
5 probability that you will be in hand restraints.

6 Q Okay.

7 A Unless your medical need is such that a
8 recommendation has been made that you not be in a hand
9 restraint.

10 Q Okay. And is there any written policy that
11 guarantees that when a person need not be in hand
12 restraints, the movement officer will be informed of
13 that fact?

14 A As previously stated, we have medical alerts
15 that are fed from the medical system to our Jail
16 Management System. In addition, the individual in
17 custody has a written order from a doctor for his or her
18 cane. In addition, we have communication with our
19 medical partners on multiple levels.

20 We have an interagency agreement. We have a
21 ton of systems in place that allows for communication to
22 go forth that unless restrictive recommendation can be
23 made for an individual, and we will acquiesce.

24 Q So is the answer to my question, yes, there is a

1 system that guarantees that that happens?

2 A There are no guarantees.

3 Hey, like this is becoming redundant,
4 respectfully. It's like you're trying to trip me up.
5 And I'm going to continue to say exactly what I'm
6 saying, respectfully, because you're trying to find
7 different ways for me to say something different. And
8 I'm going to keep telling you the same thing. So just
9 so you know.

10 So, again, we are --

11 Q I thank you for your respect. I appreciate
12 that.

13 A Yeah, because it's extremely redundant and like
14 I'm not going to say anything different, sir,
15 respectfully.

16 Q And are there any written policies that address
17 specifically how tightly handcuffs should be applied to
18 detainees in general?

19 A We also discussed that, and I talked about how
20 in the training academy --

21 Q It's a yes or no question. Sir, it's a yes or
22 no question.

23 A Yeah, but you've asked that already and I
24 answered it. So why would it be yes or no now when it

1 wasn't before? You asked me that.

2 Q Sir, it's a yes or no question. You still have
3 to answer my questions even if you're aggravated. I
4 apologize.

5 A I'm not aggravated at all. I'm fine. You keep
6 asking the question again and I'll answer it yes or no,
7 sir.

8 Q Okay. Is there any written policies that
9 address how tightly an inmate's handcuff should be
10 fastened in general?

11 A Not to my knowledge.

12 Q Okay. Is there any written policies that
13 address how tightly an inmate's handcuffs should be
14 fastened when they have to walk with a cane?

15 A Not to my knowledge.

16 Q Are there any unwritten policies that address
17 that second question?

18 A There's a universal technique that is implied,
19 that we attempt to secure the hand restraint tight
20 enough to make them secure for ourselves, but not to
21 restrict the blood flow, not to injure the individual in
22 custody.

23 The hand restraints are used just for
24 restrictive movement of the individual for the safety

1 and security of the institution, but they should not be
2 used in a manner that causes any undue harm, stress,
3 pain, et cetera, to the individual being restrained.

4 Q Okay. And how are -- how are staff trained in
5 applying that universal principle?

6 A They're trained in the Academy.

7 Q Okay. And you're not sure whether -- what
8 they're teaching is the two-finger rule or the
9 three-finger rule or what have you; is that correct?

10 A I'm not sure what they're teaching today, other
11 than to say that no matter what, two finger, three
12 finger, the idea -- the thesis is to be as least
13 restrictive as possible when placing mechanical
14 restraints around someone's wrists so that you do not
15 prevent them from having proper blood flow or injury or
16 swelling or making marks.

17 Q Is it safe to say that you don't know
18 specifically what Antwaun Bacon was taught at the
19 Academy with respect to that policy?

20 A I do not know specifically what he was taught in
21 the Academy. But there is a universal understanding of
22 a law enforcement professional what the threshold is.

23 Q Okay. And that threshold could be one finger,
24 two fingers, or three fingers depending on how it's

1 done?

2 A The threshold is to make the hand restraint as
3 tight as you need to without restricting blood flow,
4 without causing swelling or injury to the individual
5 that is being restrained.

6 Q Okay. And when injury is caused to the
7 individual, is it fair to say that that is a failure to
8 follow the policy?

9 A No.

10 MR. O'CONNOR: Objection.

11 THE WITNESS: Yeah, I don't know why injury -- There
12 could be a million reasons why someone gets injured. If
13 they're trying to work themselves out of the handcuffs,
14 they could get injured. So the handcuff could be placed
15 properly, but if you're trying to rub back and forth and
16 trying to get out of them, you could injure yourself.

17 MR. BLEIFUSS PRADOS: Q All right. And you would
18 agree that if the handcuffs are placed so tightly that
19 they cause an injury, that they've been placed
20 improperly?

21 MR. O'CONNOR: Objection to form.

22 THE WITNESS: I would agree that if handcuffs are
23 placed too tightly, they can cause injury, yes.

24 MR. BLEIFUSS PRADOS: Q And that would be a

1 violation of policy, correct?

2 A Yes. If they're placed too tightly, yes.

3 Q And, again, that's not a written policy, that is
4 a universal understanding that's communicated at the
5 Academy?

6 A If handcuffs are placed too tightly, that would
7 be a violation of policy.

8 Q Okay. Are you aware of any ongoing education
9 that jail personnel receive regarding the tightness of
10 handcuffs?

11 A You also asked this earlier, and we talked about
12 in-service training that takes place once a year for
13 every sworn member. And that's where we would be
14 reintroduced to the placement of mechanical restraints.

15 Q Okay. And do you know as a matter of fact that
16 the tightness of mechanical restraints is addressed in
17 those yearly trainings?

18 A Yes, because I have to participate in them. So
19 I know firsthand that they are.

20 Q Okay. And what is the rule that's being -- that
21 was taught in 2020? Was it the two-finger rule or the
22 three-finger rule or was that specified?

23 A You already asked that, and I'll answer it
24 again, that mechanical restraints are to be placed on

1 the person to secure them, but not to restrict their
2 blood flow or to cause injury. You asked that already.

3 Q Okay. So is it fair to say that when you were
4 in the Academy, you were taught about the two-finger
5 rule? Was that your testimony?

6 A It was -- Yes, I said when I was in the Academy,
7 that we were taught to use two fingers in between the
8 person's wrist and the hand restraint as a way of -- a
9 guide to understand whether or not the mechanical
10 restraint was being too restrictive. Yes.

11 Q All right. And is it safe to say that you're
12 not sure whether that's still being taught in the
13 Academy?

14 A I said, again, that I have firsthand knowledge
15 that we are still training staff to be as least
16 restrictive with the usage of hand restraints as
17 possible.

18 Q Okay. So this is a yes or no question. You're
19 not sure whether that two-finger test is still being
20 taught in the Academy? Yes or no.

21 A I gave you an example of the two finger as a
22 means that we would use as a guide. It was not a
23 formalized written directive. It was an example of how
24 an individual could discern whether or not handcuffs

1 were being placed on too tight.

2 Q Okay. And you're not sure whether that
3 two-finger guideline is still being taught in the
4 Academy, correct?

5 A No, I'm not.

6 Q Okay. And you're not sure whether Antwaun Bacon
7 had been taught that two-finger guideline, correct?

8 A I'm sure Antwaun Bacon has been taught how to
9 put on mechanical restraints and how to not make them
10 too tight.

11 Q Director, that was not my question. You're not
12 sure whether Antwaun Bacon was taught the two-finger
13 guideline, correct?

14 A I am sure that Antwaun Bacon has been taught how
15 to place mechanical restraints on individuals in custody
16 without making them too tight. You --

17 Q That's not my question.

18 A Yeah, but I'm telling you what was taught to me.
19 So like you're saying -- you're globalizing the
20 two-finger rule. The two-finger rule was just a guide
21 to suggest to a law enforcement member about how not to
22 make the hand restraints too tight.

23 I don't know if Antwaun Bacon was taught the
24 two-finger rule, but I know he was taught to not make

1 hand restraints too tight.

2 Q Is it possible he was taught the two-finger
3 guideline?

4 A Yes, it's possible.

5 Q Is it possible he was taught a three-finger
6 guideline?

7 A It's possible.

8 Q You're not sure either way, correct?

9 A I'm not sure which -- what he was taught
10 specifically as it relates to using a guide. But I'm
11 sure he was taught -- I'm positive he was taught not to
12 place hand restraints on an individual too tight.

13 Q Okay. And how are you positive of that fact?

14 A Because we're all taught that in law enforcement
15 as a part of our use of force training, how to place
16 hand restraints on individuals and to make sure that
17 they're not too tight and to make sure that the
18 restraints allow for the blood flow to continue. All
19 law enforcement officers in our department are taught
20 that.

21 MR. BLEIFUSS PRADOS: Thank you, Director. I
22 promise you I don't have many more questions, but if we
23 could just take a 10-minute break.

24 MR. O'CONNOR: Can we make it five? I know that

1 Mr. Gavin does have a plane to catch this afternoon.

2 MR. BLEIFUSS PRADOS: I won't go much longer.

3 THE WITNESS: Okay. Yeah, I've got a hard stop at
4 11:00.

5 MR. BLEIFUSS PRADOS: At 11:00 o'clock? Okay. Did
6 you say five minutes? Is that what you said?

7 MR. O'CONNOR: Can we do a five-minute break?

8 MR. BLEIFUSS PRADOS: Yeah, we can take a
9 five-minute break instead.

10 (Recess was taken.)

11 MR. BLEIFUSS PRADOS: Q Director, I'd just like to
12 show you -- I guess we're on Exhibit 4; is that right?

13 MR. O'CONNOR: Yes.

14 (Document marked as Gavin Deposition
15 Exhibit 4 for identification.)

16 MR. BLEIFUSS PRADOS: Q Okay. Do you see this
17 document I'm showing to you? It's a spreadsheet.

18 A Not yet. Now I do, yes.

19 Q Do you see I've highlighted a row in the middle
20 for cane?

21 A Yes.

22 Q With a start time -- an effective date, I'm
23 sorry, of December 8th, 2019 and an expiration date of
24 December 9th, 2021?

1 A I don't see the expiration date.

2 Q Oh, I'm sorry. Do you see it now?

3 MR. O'CONNOR: It's covered by the panels, Adrian.

4 MR. BLEIFUSS PRADOS: Q Let's see if I can move
5 this here. Do you see it now?

6 A No.

7 Q Okay.

8 A Yes, I see it now.

9 Q Okay.

10 A Yes.

11 Q And do you know from this alert whether
12 Mr. Johnson had a long distance alert for a cane or a
13 permanent cane medical alert?

14 A I wouldn't categorize it as permanent, but I
15 would say that the fact that he had a regular cane alert
16 means that he could keep the cane on his person at all
17 time for use.

18 Q Okay. And what does the 10.5 alert mean, if you
19 know?

20 A It's just a hierarchal technological way of
21 making sure the alerts are -- how they are viewed in the
22 Jail Management System. It really has no other value
23 than that that I understand.

24 Q And so is this the -- Does it give you -- Does

1 it prioritize alerts? If you know. I don't want you to
2 speculate.

3 A I don't remember exactly what that was meant
4 for. I don't remember.

5 Q And is this the information that a movement
6 officer would see if they looked up an inmate in one of
7 the terminals?

8 A Yeah, they're not terminals, they're individual
9 computers. The Jail Management System is a web address.
10 So those are not like terminals the way it used to be.

11 But if they looked up in the computer, they
12 would -- and went into the Jail Management System under
13 his booking, they would see all of his active medical
14 and -- I mean medical, psyche, and security alerts.
15 And, yes, this would be one of the alerts they would
16 see.

17 Q They would see also, for example, the lower bunk
18 alert?

19 A Yes.

20 Q Do you see it here?

21 A Yes.

22 MR. BLEIFUSS PRADOS: All right. I actually have no
23 further questions.

24 THE WITNESS: Thank you.

EXAMINATION

by Mr. O'Connor:

MR. O'CONNOR: Q I have a couple questions very,
very briefly, Director.

A Oh, that's fine.

Q I apologize if the first couple sound familiar.
You have talked at great length that the
standard operating procedure is that any inmates that
are being transported while in the jail are to be placed
in hand restraints, correct?

A Yes.

Q And that's minimally?

A Yes.

MR. BLEIFUSS PRADOS: Objection to form.

MR. O'CONNOR: Q And that is unless it has been
determined by medical personnel that the medical need
necessitates that they not be placed in hand restraints;
is that correct?

A That's correct.

Q Is it the standard -- Like baseline is what I
mean. I apologize. Is it the baseline that an inmate
without any sort of special security needs or disability
needs, that they would be transported in hand restraints
behind their back?

1 A Yes.

2 Q If they are placed in hand restraints in front
3 of their body due to a disability, such as using a cane,
4 is that an accommodation that's being made for that
5 restriction?

6 A Yes.

7 Q And would that accommodation be in accordance
8 with the policies and procedures of the Cook County
9 Sheriff's Office?

10 A Yes.

11 Q Also, and this is a separate issue, but the hand
12 restraints that are used on inmates when they're being
13 transported, when they are placed, are they static or
14 could they still be adjusted further?

15 A Well, we have two different types of handcuffs,
16 but there are some that double lock. So you can place
17 hand restraints on someone and then double lock them
18 where they can't move -- where you can't make them any
19 tighter. And then there are some that don't have the
20 double-locking function where they can be made tighter
21 if the person attempts to manipulate them or even if
22 staff wanted to make them tighter.

23 So I'm not sure which particular hand restraint
24 was being used that day.

1 Q Okay. But there are -- You said the single
2 lock, even once they're put on, they can be made tighter
3 by either officers or even inadvertently by the inmate
4 wearing them; is that correct?

5 A That's correct.

6 Q And if that were to happen, it could create a
7 situation where it's tighter than it should be; is that
8 correct?

9 A That's correct.

10 MR. O'CONNOR: I have no further questions.

11 RE-EXAMINATION

12 by Mr. Bleifuss Prados:

13 MR. BLEIFUSS PRADOS: Q Director, you can always
14 remove handcuffs and re-apply them if they are too
15 tight, correct?

16 A Absolutely.

17 Q And you can remove handcuffs entirely if they're
18 too tight or causing the inmate an injury, correct?

19 A That's correct.

20 Q And removing the handcuffs or not using the
21 handcuffs could also be an accommodation for a person
22 who needs to walk with a cane, correct?

23 A If Medical has recommended that the use of
24 mechanical restraints should not be because of his

1 condition, yes.

2 Q If a movement officer suspects or has reason to
3 believe that the handcuffs are causing the inmate an
4 injury, isn't it their responsibility to remove the
5 handcuffs?

6 A Once they get the individual to a medical
7 dispensary for them to be evaluated, yes.

8 Q And so it's their responsibility then to have an
9 evaluation done as to whether the handcuffs are causing
10 the inmate an injury?

11 A Yes. If I have you handcuffed and you're
12 telling me that they are too tight and they're
13 restrictive and I don't think that they are, I'm going
14 to escort you to a medical facility to have you
15 evaluated by medical professionals.

16 Q Okay. Is there a written policy that instructs
17 movement officers to do that?

18 A There's a written policy -- Or there's an
19 understanding that we have a responsibility to avail
20 medical services to the population when they have a
21 complaint of a medical condition.

22 Q Okay. And that's an understanding as opposed to
23 a written policy, correct?

24 A No, that's what we're responsible for. I mean,

1 I don't know the actual policy verbatim, but we're
2 responsible for ensuring that we provide them the
3 opportunity to see medical and mental health staff if
4 they believe they have an issue.

5 Q And if a movement officer believes or has reason
6 to believe that handcuffs are causing or have caused a
7 detainee an injury, it is their responsibility to have
8 them seen by medical professionals, correct?

9 A Yes.

10 MR. BLEIFUSS PRADOS: Okay. I have nothing else.

11 Director, thank you for your time and for your
12 good cheer throughout this deposition.

13 THE WITNESS: No problem at all.

14 MR. O'CONNOR: Zach, you didn't have any questions,
15 did you?

16 MR. STILLMAN: No, I'm good.

17 MR. BLEIFUSS PRADOS: I guess the waiver issue.

18 MR. O'CONNOR: Director Gavin, just so you know,
19 there is only more thing left to discuss, and that's
20 whether or not you wish to review the transcript for any
21 spelling errors or anything like that or if you wish to
22 waive signature.

23 THE WITNESS: I'm going to waive signature.

24 MR. O'CONNOR: Thank you, sir.

(Whereupon, the deposition concluded
at 10:49 a.m. Central Daylight Time.)

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STATE OF ILLINOIS)
) ss:

COUNTY OF COOK)

The within and foregoing deposition of the
aforementioned witness was taken before NADINE J. WATTS,
CSR, RPR, and Notary Public, at the place, date and time
aforementioned.

There were present during the taking of the deposition the previously named counsel.

The said witness was first duly sworn and was then examined upon oral interrogatories; the questions and answers were taken down in shorthand by the undersigned, acting as stenographer and Notary Public; and the within and foregoing is a true, accurate and complete record of all of the questions asked of and answers made by the aforementioned witness, at the time and place hereinabove referred to.

The signature of the witness was waived by agreement of counsel.

The undersigned is not interested in the within case, nor of kin or counsel to any of the parties.

1 Witness my official signature and seal as
2 Notary Public in and for Cook County, Illinois, on this
3 8th day of May, A. D. 2024.

4
5 
6

NADINE J. WATTS, CSR, RPR

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[03718 - acknowledging]

Page 1

0	2021 61:24	61 3:15	ability 12:7
03718 1:6	2022 5:16	62 9:21	20:23 44:13
084-002736	2024 1:21 3:2	64 3:6	50:1
71:7	71:3	641-4667 2:6	able 7:15 19:7
1	20805 71:6	66 3:5	50:1
1 3:10 9:22,24	22 1:6	7	ableifuss 2:6
10 6:22 60:23	230 2:15,16	705 8:21 34:3	abnormal 48:9
10.5 62:18	24 3:2,12 14:21	705.7 34:13	absent 16:20
10:49 69:2	14:22 44:15	705.7. 34:21	absolutely
1103 8:23	24th 1:20	705.7.3. 34:21	66:16
111 2:4	29 25:15	708 3:10 8:2,7	academy 20:8,9
11:00 61:4,5	3	9:18 19:16	22:12,18 23:2
1219 8:24	3 3:13 32:20,23	24:10	23:12,17 50:10
148 8:2,19	34:20 35:1	708.4. 10:16	50:12 53:20
32:24	42:9	709 3:12 8:2,7	55:6,19,21
156 24:11	30 1:14 3:1	24:14,15	57:5 58:4,6,13
1611 2:5	300-4479 2:17	709.3.1 24:17	58:20 59:4
164 33:3	3000 71:8	773 2:6	accept 19:10,10
173 34:4	312 2:11,17	8	access 10:24
181 42:10	71:9	8 29:17 30:6	16:23 17:16
1995 4:23	32 3:13	31:7	34:12
1st 4:23	4	801 8:21 42:8	accommodate
2	4 3:5,15 61:12	801.4 42:19	42:21
2 3:12 24:9,13	61:15	807 8:22	accommodati...
2004 5:4	442-9087 71:9	8th 61:23 71:3	42:23 65:4,7
2008 5:7	5	9	66:21
2017 5:10,11	500 2:10	9 3:10	accordance
2019 61:23	5th 2:10	911 50:15	42:17 65:7
2020 8:10,15	6	9:08 1:20	accountability
9:7,11 10:7,13	6 1:14 3:1	9th 61:24	46:19
13:1 17:19	603-1880 2:11	a	accurate 70:14
20:11 28:18	60602 2:5,11	a.d. 1:21	acknowledge
47:4,8 48:2,5,7	60606 2:16	a.m. 1:20 69:2	18:10,24
57:21	71:9		acknowledging
			19:12

[acquiesce - asked]

Page 2

acquiesce 11:19 15:14 41:3 51:18 52:23 act 42:18 acting 70:13 active 38:10 63:13 activities 26:18 34:12 actual 68:1 actually 8:4 19:8 63:22 ada 43:17 51:16 addition 12:3 29:9 52:16,18 address 14:10 53:16 54:9,13 54:16 63:9 addressed 5:18 50:6 57:16 addresses 39:8 40:8 50:24 52:1 addressing 42:15 46:24 adhered 14:4 adhering 25:22 adjusted 65:14 administered 14:4 administration 42:4	administrative 12:5,5 32:17 41:13 adrian 2:4 3:5 62:3 affect 23:20 42:24 affirm 37:20,21 aforemention... 70:5,7,16 afternoon 61:1 aggravated 54:3,5 agree 19:15 22:2 25:7 28:16,19 31:4 33:12 44:3,5 44:21 45:2 46:20,21 56:18 56:22 agreement 41:9 52:20 70:19 aid 33:10 34:17 aids 8:9 34:23 alert 30:18 35:10,16,22 36:8,9,16 37:8 38:10,14 40:22 43:9 49:5 62:11,12,13,15 62:18 63:18 alerts 12:2 17:1 17:7 35:2,20 37:16 52:14 62:21 63:1,14	63:15 allow 20:2 60:18 allowed 26:2 35:11,14 36:6 38:24 allows 52:21 ambulation 26:7 ambulatory 12:7 25:21 33:22 americans 42:18 answer 6:6,11 13:21 21:16,17 22:8 24:2,6 26:4,15 28:8 28:11,11 29:21 29:21 37:10 38:17 39:13 43:12 46:6 47:21 51:5 52:24 54:3,6 57:23 answered 43:5 51:4 53:24 answering 38:22 answers 70:12 70:16 anticipate 6:9 antwaun 1:8 2:18 7:13 13:5 55:18 59:6,8	59:12,14,23 anybody 7:21 anyway 46:16 apart 7:20 18:12 apologize 24:16 54:4 64:6,21 appeared 2:3,8 2:14 applied 8:8 9:7 10:5,7,11,14 22:3 53:17 apply 10:10 25:3,4 27:3 28:4 66:14 applying 26:24 27:4,24 28:5,9 28:17 55:5 appointments 13:9 appreciate 53:11 appropriate 40:22 approximately 6:20 april 1:21 3:2 5:3 area 37:23 47:13 areas 10:21,23 ascertain 15:9 38:2 asked 43:5 51:4 53:23 54:1
--	--	--	--

[asked - capacity]

Page 3

<p>57:11,23 58:2 70:15 asking 49:1 54:6 assess 50:19 assessed 13:8 assigned 29:4 assistance 42:22 assistant 4:17 5:9,16,19 7:23 assume 6:17 assures 34:11 34:11 attach 18:7 attempt 6:16 8:3 15:6 54:19 attempting 38:19 45:9 attempts 65:21 attorney 2:9 auxiliary 34:17 34:23 avail 50:13,21 67:19 avoid 10:23 21:7 aware 9:1 13:1 29:14 30:5,12 39:3,8 40:13 46:9 57:8 awareness 10:20</p>	<p>b</p> <p>b 1:14 3:1 back 27:19 56:15 64:24 bacon 1:8 2:18 7:13 13:5 15:21 28:16 55:18 59:6,8 59:12,14,23 band 20:20 based 11:2 41:3 43:18 49:22 baseline 64:20 64:21 basis 26:9 34:5 basketball 25:17 bates 9:20,21 24:10 33:3 34:4 42:10 bearing 11:13 becoming 53:3 began 13:11 behalf 2:7,12 2:18 8:6 belief 38:20 believe 9:14 46:24 67:3 68:4,6 believes 51:16 68:5 best 51:12 better 49:23 bit 14:15</p>	<p>biweekly 41:19 bleeding 23:21 bleifuss 2:4 3:5 4:6,7 21:17 22:20 23:9 24:4,8,15 26:6 26:13,21 27:18 28:7 37:14 39:2,18 43:20 46:3,8 48:3 51:20 56:17,24 60:21 61:2,5,8 61:11,16 62:4 63:22 64:14 66:12,13 68:10 68:17 blood 20:3,5,22 20:23 23:20 54:21 55:15 56:3 58:2 60:18 body 65:3 booking 63:13 box 18:7 19:3,8 break 60:23 61:7,9 breaking 46:4 briefly 64:4 building 14:21 47:19 bunk 63:17</p> <p>c</p> <p>c 70:2 call 5:22 23:23 24:9 32:20</p>	<p>50:15 called 4:2 10:1 24:17 42:19 cane 10:5,7 11:14 12:14,22 16:11,15 25:8 25:16 26:1,2,7 26:8,20 27:5 28:6,10,12,13 32:1,3 33:23 35:3,3,5,6,11 35:11,14,16,21 35:22,22,23,24 36:3,4,6,9,16 37:7,8,19,21 38:3,10,10,11 38:15,23 39:14 39:15 40:21,22 43:9,10,14 45:11 48:23 49:1,2,5 50:1 51:1,9,14,21 52:1,18 54:14 61:20 62:12,13 62:15,16 65:3 66:22 cane's 37:15 38:4 canes 10:12 25:4 26:18 32:6,12 34:16 39:6,9,11 43:2 capacity 1:7 32:17</p>
---	---	---	--

[care - contemplates]

Page 4

care 49:14 career 6:23 carry 12:17 case 12:22 13:5 13:6 14:11 42:6 70:21 cases 29:20 catch 61:1 categorize 62:14 cause 11:6 21:13 23:20 56:19,23 58:2 caused 56:6 68:6 causes 55:2 causing 56:4 66:18 67:3,9 68:6 caveats 12:18 ccdoc 1:8 center 2:10 central 1:20 69:2 cermak 11:22 cermak's 12:9 cerner 12:9 certainly 11:19 14:6,10 38:2 cetera 55:3 chain 45:13,14 49:11 chains 11:4 change 14:8 40:24	changed 19:1 characterize 23:15,16 charged 14:22 27:8 45:6 chart 15:3,4,12 16:7,23 17:1 check 18:7,10 19:2 checked 19:7 38:9 checkmark 18:12 cheer 68:12 chicago 2:5,11 2:16 71:9 circumstances 12:23 39:19 50:15 civil 1:18 clarify 28:23 35:18 48:21 classification 11:3 clot 20:24 come 38:7 comes 40:18 coming 47:18 command 45:13,14 49:12 49:20 commencing 1:19 communicate 12:1 41:2 44:8	45:13 communicated 12:10 13:4 40:1 50:8 57:4 communicating 8:19 14:6 communication 14:12 41:13 42:4 52:18,21 communicati... 41:11,19 communicative 13:15 44:11 complaint 7:8,9 49:23 67:21 complete 70:15 complex 47:10 compound 39:12 computer 17:17 63:11 computers 17:14 63:9 conceivable 12:19 31:21 44:19 concept 22:13 23:7 concern 38:1 42:23 concerns 48:22 concluded 69:1 condition 14:18 15:2,6 40:5,24 45:10 67:1,21	conditions 48:8 confer 29:18 30:14 conferred 28:17 conferring 16:21 44:22 confronted 12:20 44:20 confusing 6:14 consider 10:21 consideration 25:1 consistent 22:4 constant 13:15 constantly 44:16 constitutional 45:8 constraints 25:22 construct 31:11 consult 15:21 39:23 49:12,13 49:21 consultation 40:9,13,17 41:6 consultative 45:24 contained 41:10 contemplates 39:10
---	--	--	---

[contents - deposition]

Page 5

contents 17:20 continue 53:5 60:18 contraband 10:24 control 3:10 10:1 16:24 28:8 controlled 10:11 conversation 6:8 14:23 cook 1:7,8,14 2:9,12 4:12 6:24 8:9 10:12 26:2 34:9 42:16 43:23 65:8 71:2 coordinator 43:17 51:16 corporation 1:9 correct 10:2,13 10:15 12:15 13:2 16:21,22 16:24 18:14,19 19:3,9,18 21:9 21:10 26:14 28:21 30:15 31:3,22 32:1 34:14 35:16 36:9,12,22 44:4 45:24 46:1 48:21 55:9 57:1 59:4	59:7,13 60:8 64:10,18,19 66:4,5,8,9,15 66:18,19,22 67:23 68:8 correctional 27:3 28:5 corrections 7:1 7:4 28:15 34:9 42:17 43:24 corresponding 40:22 counsel 2:2 3:8 6:5 7:20,23 70:9,19,21 county 1:7,8,14 2:9,12 4:13 6:24 8:10 10:12 26:2 34:9 42:17 43:23 65:8 70:2 71:2 couple 7:4 20:1 64:3,6 course 15:13 court 1:1 27:18 courts 1:18 covered 62:3 create 66:6 crutches 33:10 csr 1:16 70:6 71:6 current 4:17 5:14	currently 4:12 curstory 17:3 38:6 custody 10:15 11:10 14:16 16:3 22:15 26:19 35:5 37:4,6,22 43:14 45:6 49:22,24 50:13 50:20 51:8 52:17 54:22 59:15 custody's 13:10 cv 1:6	default 51:11 51:11,21 defendant 2:12 2:18 7:12 13:5 28:16 defendants 1:10 definition 25:15,24 33:19 deliberations 41:18 demonstrate 26:7,12 department 4:16,22 6:24 7:1,3,21 10:18 10:21 16:10 22:6 28:15 32:5,10 34:9 39:5 42:17,24 43:2,8,23 60:19 department's 46:4 dependent 16:11 32:1 depending 55:24 depends 43:10 deposed 5:24 6:21 deposition 1:14 2:2 3:1,10,12 3:13,15 6:4 7:8 8:1 9:15,23
		d 71:3 daily 41:19 daley 2:10 dart 1:7,15 2:13 date 46:14 61:22,23 62:1 70:6 day 1:20 27:12 29:11,15 30:13 47:15 65:24 71:3 daylight 1:20 69:2 deal 27:8 32:16 december 61:23,24 deem 9:22	

[deposition - encountered]

Page 6

24:12 32:22 47:7 61:14 68:12 69:1 70:4,9 depositions 1:19 describe 30:2 34:6 described 22:4 34:17 36:12 48:12 designate 9:20 designated 8:6 8:13 detained 42:16 detainee 10:8 25:7 36:15 37:15 43:9 47:6 68:7 detainee's 16:20 detainees 10:17 17:8 25:4 36:11 53:18 deteriorate 13:11 determine 44:23 49:13 determined 11:21,22 40:8 64:16 determines 40:20 determining 25:2	develop 23:12 device 16:24 36:20 38:19,24 39:1 51:9 devices 11:6 37:12 devore 2:14 devoreraduns... 2:17 different 35:15 53:7,7,14 65:15 differently 21:20 difficulty 33:13 39:5,10 directive 58:23 director 4:18 5:10,17,20,21 5:22,24 59:11 60:21 61:11 64:4 66:13 68:11,18 disabilities 8:9 8:21,22 33:14 34:11,22 42:11 42:18,22 disability 11:5 24:22 33:15 34:5 64:22 65:3 disabled 24:18 25:8,11,12,13 25:15,23,24 26:24 27:24	discern 58:24 discrimination 8:21,23 34:5 discuss 9:6 13:17 41:21 68:19 discussed 26:18 44:10 53:19 discussing 29:3 discussions 41:23 dispensary 14:21 27:14 44:15 67:7 distance 15:11 34:24 35:4,6,9 35:16,23 36:1 36:3,8,15 38:4 62:12 district 1:1,1 1:18 division 29:17 30:6 31:7 divisions 30:3 doctor 36:18 52:17 doctors 13:9 document 9:21 9:23 24:12 32:22 42:9 61:14,17 documents 7:24 double 65:16 65:17,20	douglas 1:4 42:6 due 21:23 65:3 duly 4:2 70:10 duty 27:2 28:2 29:8 dvorak 2:3
e			
e 17:23 18:3,5,7 18:7,23 50:10 e.g. 24:22 34:24 earlier 39:23 40:11 57:11 education 57:8 effect 13:1 effective 61:22 either 39:3,7 42:3 60:8 66:3 elaborate 45:3 elevated 29:6 29:23 30:9,11 30:18,22,23 31:15 43:18 emergent 50:15 employed 4:12 employee 16:18 18:2 employees 17:18 18:18 encompass 25:3 44:18 encounter 31:21 encountered 32:5,10			

[enforcement - first]

Page 7

enforcement 23:5 55:22 59:21 60:14,19 enforces 46:9 enforcing 46:19 engage 15:9 44:13 45:23 49:18 enhanced 44:1 ensure 20:21 ensures 40:12 40:16 41:6 ensuring 46:22 68:2 entire 7:6 entirely 66:17 entitled 38:21 49:5 equitably 46:23 errors 68:21 escort 17:11 29:18,24 30:1 67:14 escorted 35:14 36:7 46:15 escorting 13:5 15:22 17:8 establish 11:24 12:15 22:14 23:3 31:9 established 27:10 establishes 25:5,13 27:7	28:24 31:17 32:7 establishing 32:11 et 55:3 evaluated 67:7 67:15 evaluating 48:14 evaluation 40:19,20 45:17 49:22 67:9 event 16:17 everybody 21:20 30:8 exactly 9:2 53:5 63:3 examination 3:4 4:5 64:1 66:11 examined 4:3 70:11 example 12:21 13:4 14:24 23:2 31:23 58:21,23 63:17 exception 11:4 44:24 exceptions 44:3 44:5,9 51:2 52:1 exchange 38:13 executive 4:17 5:9,16	exhibit 3:10,12 3:13,15 9:22 9:24 24:9,13 32:20,23 33:4 42:9 61:12,15 exhibits 3:7 expect 15:8 expectation 45:12 expected 24:5 experience 23:1 32:4,9 expiration 61:23 62:1 explain 11:8 35:1,18 expressly 34:17 extent 19:12 extremely 12:8 53:13 extremities 33:8	31:19 41:5 50:23 56:7 58:3 fairly 46:23 familiar 9:4 24:19 33:1 42:12 64:6 familiarize 16:19 fastened 54:10 54:14 fed 35:21 52:15 federal 1:17 felt 16:3 file 46:13 find 22:13 49:3 53:6 fine 54:5 64:5 finger 22:3 55:8,9,11,12,23 57:21,22 58:4 58:19,21 59:3 59:7,12,20,20 59:24 60:2,5 fingers 20:1 22:11 23:6 55:24,24 58:7 finish 6:10 13:20 17:5 36:2 first 4:2,17,21 5:16,19 49:17 49:20 64:6 70:10
		f	
		facility 19:18 27:10 29:10 67:14 fact 12:22 29:9 30:17,24 31:2 38:15 44:14 52:13 57:15 60:13 62:15 factors 24:24 failure 56:7 fair 8:16 12:11 16:9 21:11	

[firsthand - handcuffed]

Page 8

firsthand 29:11 57:19 58:14 five 60:24 61:6 61:7,9 floor 2:10 47:14 48:1 flow 20:3,5,22 20:23 23:20 54:21 55:15 56:3 58:2 60:18 follow 24:5 25:19 56:8 following 2:2 27:20 49:16 follows 4:4 force 20:17 27:11 39:4 60:15 foregoing 70:4 70:14 form 21:15 22:7 23:24 24:6 26:3,9,15 37:9 38:16 39:12 46:2,5 47:20 51:4 56:21 64:14 formal 5:23 formalized 14:12 58:23 formally 7:9 forth 49:7 52:22 56:15	fourth 51:7 frame 6:14 franklin 71:8 front 50:4 51:15 65:2 full 4:8 34:24 35:7,23 36:8 36:15 function 42:24 65:20 further 15:16 40:2 63:23 65:14 66:10	gives 17:3 globalized 28:11 globalizing 59:19 gmail.com 2:6 go 17:23 18:9 20:16 25:17 36:21,23 52:22 61:2 goal 23:8 goes 23:16 going 6:4 8:3 9:16 21:15 22:17 24:8,9 27:14 30:18,21 30:22 32:19,20 32:24 33:6 38:11 47:15 51:6 53:5,8,14 67:13 68:23 good 4:7 37:7 68:12,16 govern 31:18 31:20,24 governance 12:16 25:5 27:7,10 29:1 31:9 governed 18:4 grasp 33:9 great 64:7 greater 14:7 grievance 46:13,14,18,21	group 3:13 32:20,23 33:3 42:9 guarantees 18:13 52:11 53:1,2 guess 34:21 51:12 52:2 61:12 68:17 guidance 12:13 guide 58:9,22 59:20 60:10 guideline 59:3 59:7,13 60:3,6 guidelines 34:8 42:15 guy 15:10 guy's 14:5 guys 45:16
	g		h
	g 4:11 gap 22:3 gavin 1:16 3:1 3:10,12,13,15 4:1,10 9:22,23 14:24 24:9,12 32:20,22 38:8 38:9 42:9 61:1 61:14 68:18 gavin's 12:7 general 7:23 21:8 23:11 31:18 32:4 42:1 44:4,6 51:3 53:18 54:10 give 14:24 62:24 given 23:2 25:22 26:8 36:20 47:15		hampered 15:16 16:3 hand 52:5,8,11 54:19,23 56:2 58:8,16 59:22 60:1,12,16 64:10,17,23 65:2,11,17,23 handcuff 48:16 51:22 54:9 56:14 handcuffed 12:14,23 14:17 15:1,10 16:12 16:14 32:3,13

[handcuffed - individuals]

Page 9

39:9,11,15 43:3,10 51:1 51:14 52:2 67:11 handcuffing 31:24 32:6 handcuffs 11:3 21:12,13,22,24 22:2 23:21 27:4 28:6,9,18 48:16 53:17 54:13 56:13,18 56:22 57:6,10 58:24 65:15 66:14,17,20,21 67:3,5,9 68:6 happen 40:13 40:17 66:6 happens 6:15 13:13 41:7 53:1 hard 61:3 harm 55:2 health 11:24 17:4 27:9 29:4 29:10,13,23 30:9,11,18 31:16 41:17,21 44:12 45:5 50:14,18,19,22 68:3 healthcare 29:6 hearing 24:22 height 47:17	help 31:11 hereinabove 70:17 hey 14:24 15:10 38:9 53:3 hierarchal 41:17 50:17 62:20 high 12:16 52:4 higher 11:3 14:1 highest 47:23 highlighted 11:7,8 26:22 26:23 27:22,23 33:5 61:19 honestly 26:16 hope 23:11 hour 14:21 44:15 hours 14:22 housed 30:8,17 31:15 47:8 housing 14:8 29:4,10 35:8 41:15 human 6:8 hypothetical 39:21 i idea 55:12 identification 9:22,24 24:13 32:23 34:10	61:15 illinois 1:1 2:5 2:11,16 70:1 71:2,9 immediate 27:2 28:2 31:6 49:18 impaired 24:22 24:22 33:21,24 40:2 impairment 33:7,17,18,20 impairments 33:14 34:14,14 34:18 implement 8:15 implementati... 9:10 implied 54:18 important 46:18 improperly 56:20 inability 33:7 inadvertently 66:3 incarcerated 28:14 43:23 52:4 include 28:13 includes 28:14 33:5 including 8:19 increased 14:9 40:23	inculcated 50:8 indicates 18:8 indicating 19:3 individual 11:2 11:10,14 12:11 13:10 14:16,20 16:3 17:16 20:3,21 21:1 21:22 22:15 23:18 25:20 26:19 29:3 31:11 33:7 35:5,10 37:4,6 37:8,19,21,22 37:24 38:2,20 40:1 43:14,19 45:11,15 47:15 49:4,9,9,13,22 49:24 50:4 52:1,16,23 54:21,24 55:3 56:4,7 58:24 60:12 63:8 67:6 individual's 13:3 16:7 21:19 48:23,24 51:17 individualized 39:22 individuals 8:20 10:12,15 13:24 50:13,20 50:21 51:1 59:15 60:16
---	--	--	--

[informal - know]

Page 10

informal 14:13 20:7 38:13 information 7:5 15:5 18:1 36:22 63:5 informed 17:19 52:12 inhibited 12:8 inhibits 16:7 inhumanely 45:9,21 injure 54:21 56:16 injured 56:12 56:14 injuries 21:8,13 injury 11:6,11 11:11 55:15 56:4,6,11,19,23 58:2 66:18 67:4,10 68:7 inmate 3:10 8:22,24 10:1 11:5 12:22 19:17 24:24 25:2,8,11,12 26:6,24 28:1 30:15 31:7 45:23 47:4,5,5 47:8 51:21 63:6 64:21 66:3,18 67:3 67:10 inmate's 46:12 48:14 54:9,13	inmates 8:22 10:19,20,22,23 11:1,3 32:12 34:10,18,22 41:24 42:11,16 42:22 43:2 47:2 48:4 64:8 65:12 inquire 46:11 inside 12:3 17:2 instance 15:20 31:21 instances 31:19 institution 15:7 15:19 31:22 40:19 44:20 55:1 instructed 49:15 instructs 6:5 67:16 intake 13:9 integration 50:17 interact 25:6 29:1 31:10 interaction 8:20 interactions 8:20 12:4 interagency 41:8,16 52:20 intercede 13:12	interchangea... 47:6 interested 70:20 intermittent 13:9 intermittently 18:24 interrogatories 4:3 70:11 interrupt 13:20 interrupted 21:4 intrusive 23:7 investigated 46:17 investigation 45:24 involved 41:12 irons 11:4 issue 7:11 32:6 32:11 39:8 65:11 68:4,17 issued 25:4,8 38:24 40:21 items 10:24 j j 1:16 2:10 70:5 71:6 jail 7:6 8:10 10:12 11:15 12:1,3 17:2,9 17:11,16,18 26:2 30:19 32:17 35:20	36:17 38:13 47:10,17 49:6 52:4,15 57:9 62:22 63:9,12 64:9 james 2:9 3:6 january 5:15 job 20:6,15 25:23 50:9 johnson 1:4 13:6 15:22 28:18 62:12 johnson's 42:6 join 4:21 july 5:10,11 8:10,15 9:7,11 10:7,12 13:1 20:11 28:18 47:4,8 48:2,5,7 jump 6:9 k k 70:2 keep 35:6,22,24 51:6 53:8 54:5 62:16 kin 70:21 kind 6:3 20:7 29:19 38:12 46:19,22 know 6:15 7:12 7:18,19 10:4 14:1,8 15:20 15:21,23 18:17 18:20,21,22 19:13,14,24
--	---	---	--

[know - mean]

Page 11

20:3,24,24 21:21 25:14,24 26:4,11,16,19 27:16 31:1 33:19 36:15 37:19 38:3 39:21 41:5,8 42:3,7 47:11 47:13,22,23 48:6,10 49:1,4 50:2,16 53:9 55:17,20 56:11 57:15,19 59:23 59:24 60:24 62:11,19 63:1 68:1,18 knowing 18:15 knowledge 11:16 26:5,10 29:11 54:11,15 58:14	lawsuit 7:22 lawyer 25:14 layout 10:21 learning 22:18 leave 20:1 21:1 21:12 22:11 leaving 20:19 21:8 22:3 left 68:19 leg 11:4 legal 25:14,24 length 64:7 lesson 20:13 level 12:16 14:1 15:9 29:6 41:13 49:14,20 50:17 levels 47:23 52:19 lexipol 8:2 17:24 19:1 license 71:7 lieutenant 5:6 lift 33:9 line 12:6 44:13 49:20 little 14:15 living 17:14 36:5,24 38:5,7 38:8 llc 2:3,14 loan 37:12 lock 65:16,17 66:2	locking 65:20 long 9:14 34:24 35:3,6,9,15,23 36:1,3,8,15 38:4 62:12 longer 61:2 look 38:2 looked 63:6,11 looking 10:16 26:21 27:21 34:3 loose 22:14 loosely 19:16 lot 5:22 38:5 lower 63:17 m m3 30:21 madame 27:18 made 21:20 29:14 44:9,24 46:16 48:10 51:2 52:8,23 65:4,20 66:2 70:16 magnitude 21:6 mail 17:23 18:3 18:5,7,7 mails 18:23 50:10 maintain 34:23 majority 14:2,3 make 6:6,11,17 13:12 17:22 20:4 45:6,14	45:20 49:11,17 54:20 56:2 59:9,22,24 60:16,17,24 65:18,22 makes 43:17 making 29:7 32:11 49:24 55:16 59:16 62:21 management 12:3 17:2,11 17:16 30:19 35:20 36:17 52:16 62:22 63:9,12 manipulate 65:21 manned 44:15 manner 10:18 55:2 manual 17:24 mark 20:4 marked 9:23 24:12 32:22 61:14 marks 21:1,8 21:13 55:16 mass 49:6 matter 7:8 55:11 57:15 mean 10:8,9 14:16 17:15 21:18,19,24 23:6 25:14
l	l 4:11 lack 33:8 49:23 land 38:7 language 19:16 26:23 27:23 33:6 larry 1:15 3:1 4:1,10 12:7 14:24 38:8,9 law 2:3 23:5 55:22 59:21 60:14,19		

[mean - movements]

Page 12

33:17 34:11 38:18,18,23 39:16,19,21 41:4 43:15 45:20 48:9 52:3 62:18 63:14 64:21 67:24 means 11:8 33:14,18,20 35:1,11 58:22 62:16 meant 63:3 mechanical 12:8 13:13 15:17,18 16:4 20:2 22:19 23:3,8,18 27:16 39:16,20 40:2,4,6 41:1,4 43:15 44:24 48:4 51:9,12 55:13 57:14,16 57:24 58:9 59:9,15 66:24 mechanically 16:8 mechanism 38:12 46:9 medical 11:9 11:17,18,22,24 12:2 13:3,8,10 13:11,16,22 14:1,3,9,13,18 14:19,20 15:1	15:4,6,9,10,13 15:21 16:6,20 16:21 17:1,3,7 25:13,19,22 27:9 29:4,6,10 29:13,23 30:7 30:9,11,18,22 31:15 35:2,10 35:16,20,21 36:8,9,16,19,19 37:8,12,15 38:19,24 39:1 39:23,24 40:3 40:5,9,19,20,22 40:23,24 41:2 41:4,9,11,14,16 41:21 42:5,6 43:9,15,16,18 44:1,12,14,16 44:23 45:4,10 45:15,17,18 46:12 47:9,18 48:14 49:6,12 49:13,14,21,22 50:3,4,5,5,14 50:18,19,21 51:8,10,11,15 51:17 52:7,14 52:15,19 62:13 63:13,14 64:16 64:16 66:23 67:6,14,15,20 67:21 68:3,8 medication 14:5,5	meet 41:16 47:9,10 meeting 48:5 meetings 12:4 41:16,18 member 14:17 14:18 27:1 28:1 29:7 31:12 42:20,21 44:19,22 45:13 45:22 48:22 49:9 57:13 59:21 members 10:19 10:23 24:24 34:9 37:11 46:11 48:13 49:15 50:8 mental 11:24 17:4 27:9 29:4 29:6,10,13,23 30:9,11,18 31:16 41:17,21 44:12 45:5 50:14,18,19,22 68:3 metal 20:20 middle 61:19 million 56:12 mind 33:20 minimally 64:12 minute 60:23 61:7,9	minutes 61:6 mischaracteri... 48:19 mobility 33:6 33:11,13,17,18 33:19,24 34:13 34:14,18,22 mobilly 33:21 modules 20:17 monroe 2:15 monthly 41:20 morning 4:7 move 32:19 37:24 62:4 65:18 moved 10:23 19:18 27:16 29:17 30:6 35:8,8 43:3,11 48:16 51:2 movement 10:17,20 11:2 27:12,15,17 29:11,13,14,15 30:4,5,13 31:1 31:5 36:14 37:7,15 38:6 38:14 44:8 52:12 54:24 63:5 67:2,17 68:5 movements 3:11 10:1 30:13
--	---	---	---

[moving - okay]

Page 13

moving 11:15 30:2,15 36:4 37:16,22 multiple 52:19 municipal 1:8	needed 38:3,4 needs 13:4,11 13:23 14:3 16:20 30:14 37:21 41:21 42:6,16 45:5 46:12 48:14 64:22,23 66:22 neither 23:9 never 23:13 new 18:24 19:1 19:11 non 8:23 normal 22:5 norms 32:7,12 north 71:8 northern 1:1 notary 1:17 70:6,13 71:2,7 notated 12:9 notification 29:8 45:14 49:11,17 notified 11:9 16:2 17:23 43:16 notify 27:1 28:2 31:6 number 48:12 nursing 12:6 14:22,23 44:14	o'connor 2:9 3:6 7:10 21:15 22:7,23 23:24 24:2,6,14 26:3 26:9,15 37:9 38:16 39:12 43:12 46:2,5 47:20 51:4 56:10,21 60:24 61:7,13 62:3 64:2,3,15 66:10 68:14,18 68:24 object 21:15 22:7 46:2 objection 22:23 23:24 24:6 26:3,9,15 37:9 38:16 39:12 43:12 46:5 47:20 51:4 56:10,21 64:14 objects 33:9 office 17:13 36:22,23 47:23 65:9 officer 1:8 4:19 5:1 15:8,21 16:5 30:4,5,14 31:1,5 36:14 37:7,15 38:5,7 38:14 46:15,16 52:12 63:6 67:2 68:5	officer's 38:8 officers 23:5 44:8 46:10 60:19 66:3 67:17 offices 2:3 official 1:7 71:1 oh 13:22 62:2 64:5 okay 4:21 5:21 5:24 6:3 7:7,12 8:12,18 9:4,6,9 9:13,20 10:16 11:13,23 13:3 14:11 15:20,24 16:9,17,23 17:7,12,18 18:6,12,17 19:6,15,21 20:13,18 21:3 22:20 23:9,15 24:4,8,21 25:7 25:11 26:1,13 28:13,16,20,23 29:16,24 30:5 30:10 31:1,4 31:17,23 32:4 32:15,19 33:17 33:23 34:2 35:13,18 36:2 36:6,11,14,21 37:6,14,18 38:12,15 39:2 40:7 41:23 42:3,8,19
n	4:11 nadine 1:16 70:5 71:6 name 4:8,10 named 70:9 nancy 4:11 natural 6:8 necessarily 31:18 necessitate 29:7 necessitates 64:17 need 11:17,18 11:19 12:1 13:8,11 14:1,7 14:7,8,10 15:7 15:10,12,13 17:4,6 26:7 29:23 30:9,12 30:22,23 31:5 31:16 36:21 40:21,23 43:18 44:1 48:15 49:2,14 50:3,5 50:19,22 51:17 51:18 52:2,7 52:11 56:3 64:16	o	
	o 70:2,2 o'clock 61:5		

[okay - places]

Page 14

43:20 44:3,7 44:21 45:3,22 46:8,18 47:2 47:16 48:12 49:15 50:7,23 51:20,24 52:6 52:10 54:8,12 55:4,7,23 56:6 57:8,15,20 58:3,18 59:2,6 60:13 61:3,5 61:16 62:7,9 62:18 66:1 67:16,22 68:10 once 57:12 66:2 67:6 ongoing 57:8 opened 19:13 operating 64:8 operation 18:21 37:23 50:16 operations 7:2 12:17 opportunity 68:3 opposed 67:22 oral 4:3 70:11 order 19:1,1 36:18 37:5 52:17 orderly 10:18 42:24 orders 8:2 36:19	organization 31:13 ought 16:1 outlined 25:1 outside 35:8 oversight 46:22 overview 7:10 p p3 30:22 page 3:4,9 pain 55:3 pairs 10:19 pandemic 47:12,17,17 48:11 panels 62:3 parameters 14:9 paraplegic 24:23 part 42:20 46:19 49:18 60:15 participate 48:13 57:18 particular 12:13,13 15:15 44:7 48:7 65:23 particulars 13:17 parties 70:22 partner 13:16 40:3 43:16 51:11,16	partners 11:9 41:9,11,14,17 44:12 45:18 50:14,18,22 52:19 patience 34:3 people 20:14 21:19 23:12 26:17 28:13 32:6 37:12 45:5,21 50:11 permanent 62:13,14 permitted 34:23 person 10:5,7,8 12:14 16:11 27:4 28:6,9,9 31:24 35:7,24 36:4,18 38:15 52:11 58:1 62:16 65:21 66:21 person's 38:20 58:8 personally 7:12 personnel 8:14 8:15 9:10 13:4 14:14 15:21 16:19,21 17:8 18:13 24:5 27:4 28:5 30:3 38:14 40:9,10 42:5 44:16,23 46:12 48:18	57:9 64:16 persons 8:8,9 33:13 34:14 39:6,9,10 perspective 25:21 pertaining 1:19 pertinent 15:5 phrase 6:13 physical 11:5 11:12,20 24:21 physically 47:9 49:10 pick 38:8 piece 26:23 27:23 place 13:16 40:12,16 41:19 41:20 44:7,17 44:22 45:19 46:9 49:3 52:21 57:12 59:15 60:12,15 65:16 70:6,17 placed 19:17 21:12,14,24 39:16,19 51:9 56:14,18,19,23 57:2,6,24 59:1 64:9,17 65:2 65:13 placement 57:14 places 17:15
--	--	--	---

[placing - professional]

Page 15

placing 23:18 55:13 plaintiff 1:5 2:7 13:6 42:5 plane 61:1 play 25:17 please 4:8 6:10 6:15 13:20 27:19 35:18,18 48:21,21 plethora 17:15 point 13:11 40:23 43:1,7 policies 3:14 8:8,16,19 9:2,4 9:7,11 12:15 18:4,19 22:5 31:9 32:12,21 53:16 54:8,12 54:16 65:8 policy 3:10,12 8:7,19 9:18 10:5,6,11,14 12:12,18,24 16:10,13 17:20 17:22,23 18:8 18:9,11,14 19:4,9,11,19 22:10,21,22 23:10 24:10,19 24:21 25:1,5,9 27:6,11 28:20 28:24 31:17,20 31:23 32:3,7 32:11,24 33:1	33:5,12 36:12 39:2,3,7,7 40:7 40:16 41:6 42:1,8,12,14,15 43:1,7,8 44:4,6 44:18 50:24 51:21,24 52:3 52:10 55:19 56:8 57:1,3,7 67:16,18,23 68:1 poor 10:22 populated 12:2 17:2 population 13:17 14:2,3 25:6,16 27:8 29:2,22 31:10 37:12 41:22 46:13,23 67:20 posed 6:9 positive 60:11 60:13 possible 12:21 23:8 55:13 58:17 60:2,4,5 60:7 possibly 6:13 20:5 36:8 posts 17:15 36:24 practice 20:19 22:5,16,22 23:10,13 39:4 39:8 48:11	51:3 practices 22:5 32:7 48:17 prados 2:4 3:5 4:6,7 21:17 22:20 23:9 24:4,8,15 26:6 26:13,21 27:18 28:7 37:14 39:2,18 43:20 46:3,8 48:3 51:20 56:17,24 60:21 61:2,5,8 61:11,16 62:4 63:22 64:14 66:12,13 68:10 68:17 preclude 24:23 39:14 preparation 8:1 prepared 9:6,9 preparing 7:7 prescribed 34:24 presence 10:22 present 2:1 70:8 presenting 49:19 presumed 29:19,22 30:11 presumption 30:16,20,24 43:20,22 44:2	presumptions 30:21 prevent 55:15 previously 40:18 43:13 52:14 70:9 primarily 51:9 principle 20:14 55:5 principles 31:18 prioritize 63:1 prison 13:7 privy 15:3 27:12 41:9,24 probability 52:5 probably 47:18 problem 32:16 68:13 procedure 1:18 11:5 17:23 18:4 34:3,8 64:8 procedures 8:23 48:17 49:16 65:8 process 13:15 14:13 20:7 40:12 44:11 45:24 46:18,21 processes 48:13 49:3 professional 55:22
---	---	--	---

[professionals - removing]

Page 16

<p>professionals 67:15 68:8</p> <p>programs 34:12</p> <p>prohibition 8:21 34:4,7</p> <p>prohibits 16:10 16:14</p> <p>promise 60:22</p> <p>promoted 5:2,3 5:5,6,8,9,16</p> <p>promotion 5:13 5:15</p> <p>promptly 27:1 28:2</p> <p>proper 20:22 34:10 55:15</p> <p>properly 56:15</p> <p>provide 68:2</p> <p>provided 11:16</p> <p>provides 34:8 42:15</p> <p>prudent 16:5 22:1</p> <p>psyche 63:14</p> <p>psychological 30:23</p> <p>public 1:17 70:6,13 71:2,7</p> <p>purpose 20:18 21:7 34:6 37:23 42:14</p> <p>purposes 25:9 47:7</p>	<p>pursuant 1:17</p> <p>put 23:21 51:13 59:9 66:2</p> <p>q</p> <p>qualify 25:12</p> <p>quantify 25:18</p> <p>question 6:9,11 6:13,14,16,17 18:16 19:6 21:16 22:7 27:19 40:15 52:24 53:21,22 54:2,6,17 58:18 59:11,17</p> <p>questions 6:5 54:3 60:22 63:23 64:3 66:10 68:14 70:11,15</p> <p>r</p> <p>r 4:11,11</p> <p>radar 29:21</p> <p>radunsky 2:14</p> <p>raise 42:23</p> <p>rank 4:15,17 4:24 5:14</p> <p>read 7:8,9 18:8 19:8,13 27:19 27:20 33:6</p> <p>reading 18:14 18:19</p> <p>really 20:16 38:21 62:22</p>	<p>reask 40:14</p> <p>reason 30:13 39:24 44:18 67:2 68:5</p> <p>reasons 56:12</p> <p>receipt 18:11 19:12</p> <p>receive 18:2,23 26:20 49:22 57:9</p> <p>received 9:3 18:5 19:3</p> <p>receives 40:19</p> <p>receiving 14:5 27:13</p> <p>recently 8:24</p> <p>recess 61:10</p> <p>recognize 7:15</p> <p>recommenda... 11:11 25:19 40:3 41:3 43:17 45:18 51:19 52:8,22</p> <p>recommenda... 13:12</p> <p>recommended 41:1 51:10,15 66:23</p> <p>record 4:9 70:15</p> <p>recreation 25:17</p> <p>red 21:12</p> <p>redundant 53:3 53:13</p>	<p>refamiliarize 17:24</p> <p>referred 70:17</p> <p>refers 33:7</p> <p>refresh 6:3</p> <p>regard 34:10</p> <p>regarding 8:7 42:5 57:9</p> <p>regular 35:22 62:15</p> <p>reinforced 20:14</p> <p>reintroduced 57:14</p> <p>related 14:16 18:7</p> <p>relates 18:3 25:20 39:5 45:9 46:22 60:10</p> <p>relative 10:9 11:17 15:5 49:24</p> <p>remember 23:22 48:1 63:3,4</p> <p>reminding 18:24</p> <p>remotely 1:16 16:24</p> <p>remove 38:19 66:14,17 67:4</p> <p>removing 66:20</p>
---	--	---	---

[rephrase - second]

Page 17

rephrase 6:16	55:3 56:5	54:24 55:13	rules 1:17 6:4
reporter 27:19	restraining	58:10,16 67:13	32:11 46:4,20
27:20	31:6	retained 3:8	48:3,6
representative	restraint 11:6	11:1	s
1:15	11:20 12:9	rethink 14:8	safe 55:17
requests 42:22	13:13 15:17,18	review 7:24	58:11
require 27:15	16:4 20:2	16:19 36:22	safety 15:18
28:20	27:16 40:2,4,6	37:15 68:20	42:23 45:5
required 6:6	41:1,4 45:1	reviewed 46:17	54:24
requirement	51:12 52:9	richard 2:10	sat 19:8
27:3 28:4	54:19 56:2	right 21:7	saw 7:15
29:18	58:8,10 65:23	56:17 58:11	saying 13:22
requires 44:22	restraints 3:12	61:12 63:22	15:1,24 16:2
requiring	11:12,17,18	rightly 49:5	16:13 18:10
33:23	19:17 22:19	rights 42:16	21:5 26:24
respect 50:17	23:4,8,18	45:8	27:24 28:12
53:11 55:19	24:10,18,23	risk 11:3,10	45:15,15 47:5
respectfully	25:2 26:24	20:24	47:5 53:6
43:5 44:10	27:24 39:17,20	room 47:24	59:19
51:7 53:4,6,15	43:15 48:4	48:1	says 9:18 10:17
responsibilities	51:10 52:5,12	roundings 12:4	11:1 22:11
31:12 42:20	54:23 55:14	row 61:19	24:21 33:6
responsibility	57:14,16,24	rpr 1:16 70:6	34:8,22 35:3
15:4 45:4	58:16 59:9,15	71:6	35:11,21 36:19
46:10 50:4,7	59:22 60:1,12	rtu 27:9 29:22	42:21 51:21
50:13,21 67:4	60:16,18 64:10	30:8,17 31:15	scenario 49:19
67:8,19 68:7	64:17,23 65:2	44:15 47:13,24	screen 8:3 9:16
responsible	65:12,17 66:24	rub 56:15	9:17
25:21 27:1	restrict 20:5	rule 19:21	scrolling 34:2
28:1 45:20	54:21 58:1	23:23 24:5	42:8
67:24 68:2	restricting	39:4 43:1 45:1	seal 71:1
restrained	20:23 56:3	55:8,9 57:20	second 26:21
11:14 16:8	restriction 65:5	57:21,22 58:5	26:22 27:21,22
20:22 43:19,21	restrictive 20:5	59:20,20,24	47:14,24 54:17
44:1 48:15	23:20 52:22		

[section - stamped]

Page 18

section 26:22 26:23 27:21,22 secure 54:19,20 58:1 secured 40:4,5 security 11:2 11:16,19 12:10 13:12,17 14:9 14:14,22 15:7 16:19 17:6 38:1 40:1,9 41:2 43:18 44:12 50:20 51:18 55:1 63:14 64:22 see 9:17 32:2 37:5 61:16,19 62:1,2,4,5,8 63:6,13,16,17 63:20 68:3 seek 15:4 seen 23:5 26:17 68:8 sense 6:6,11,18 sensitive 15:13 sent 19:11 sentence 11:7,8 separate 35:2 35:19 65:11 sergeant 5:3 series 6:4 serious 11:11 serves 46:21 service 20:16 57:12	services 34:12 67:20 set 3:14 8:18 32:20 setting 32:7 share 8:3 9:16 sharing 9:17 sheriff 1:7,14 2:13 4:13 8:6 8:13 18:2 sheriff's 4:15 4:21 6:23,24 7:2,21 8:7,14 8:14 10:6 16:10,18 22:6 23:17 32:5,10 39:4 43:2,8,17 46:4 51:16 65:9 short 30:10 shorthand 70:12 show 61:12 showing 61:17 side 15:17 sidle 15:6 sign 33:24 37:7 signature 68:22 68:23 70:18 71:1,6 single 12:19 31:20 41:10 44:19 66:1 sir 4:7 5:12,18 9:19 10:3	53:14,21 54:2 54:7 68:24 situation 12:19 30:7 44:19 66:7 situational 10:20 somebody 35:13 someone's 15:6 25:13 55:14 sorry 13:20,22 17:5,6 21:3 24:1,15 32:8 36:2 37:3 40:14 43:15 61:23 62:2 sort 20:6 47:6 64:22 sound 64:6 space 20:2,19 speak 7:10 12:19 13:24 14:13 19:23 21:18,21 22:1 22:9 47:14 speaking 49:6 special 29:20 30:6 64:22 specific 18:3 28:12 31:19 41:6,24 42:4 specifically 8:7 12:12 14:11 29:16 31:24	32:2 34:16 40:8 47:14 48:15 50:24 53:17 55:18,20 60:10 specifics 13:24 15:3 specified 57:22 specifies 19:16 speculate 63:2 spell 4:8 12:12 12:13 spelled 12:24 spelling 68:21 spells 33:12 spent 7:4 spoke 40:11 spoken 7:18,20 7:21 14:19 spreadsheet 3:15 61:17 ss 70:1 staff 11:22 12:5 12:6,6,6 14:13 14:17,18,22 15:9 18:24 19:2,22 29:7 31:11 44:13,14 44:19,22 45:12 45:20,22 48:22 49:6,9 50:9 55:4 58:15 65:22 68:3 stamped 9:21
--	--	---	---

[standard - teaching]

Page 19

standard 64:8 64:20 start 32:24 61:22 started 17:10 starts 9:21 24:10 33:3 34:4 42:10 50:12 state 4:8 70:1 state's 2:9 stated 22:16 40:18 43:13,24 52:14 statement 31:10 48:19 states 1:1,18 43:8 static 41:13,20 65:13 stenographer 70:13 step 16:5 stillman 2:15 68:16 stop 61:3 street 2:4,15 71:8 strength 33:9 stress 55:2 strike 8:4 39:6 47:2 structure 41:18 stuff 5:22	subject 43:14 subjective 33:20 subjects 24:18 subordinates 5:19 subsection 10:16 24:17,19 25:4 34:13,20 34:20 35:1 42:19,21 subsequent 5:13,15 subsequently 5:2,5,8 suggest 59:21 suggests 15:12 15:16 suite 2:5,16 71:8 summer 17:19 superintende... 41:15 superseded 11:18 supersedes 51:17 supervisor 15:8 27:2 28:3,17 29:8,14,19 30:14 31:6 49:18,20 supervisor's 29:20	supervisors 27:12 29:9 30:12 44:23 46:11 supposed 48:13 sure 4:10 9:2 17:21 20:17 38:21 40:16 43:7 45:7,20 48:11 49:4 55:7,10 58:12 58:19 59:2,6,8 59:12,14 60:8 60:9,11,16,17 62:21 65:23 suspects 67:2 swell 21:19 swelling 21:2,5 21:7,13,23 23:20 55:16 56:4 switch 24:8 sworn 4:3,19 4:20 10:19,23 24:24 27:1 28:1 29:7 42:20,21 44:19 44:22 45:12 46:10,10 48:13 48:17 49:15 50:8 57:13 70:10 system 12:3,9 16:18 17:2,11 17:16 18:13	30:19 35:20,21 36:17 44:7,21 46:19 52:15,16 53:1 62:22 63:9,12 systems 41:20 44:17 45:19 52:21 t take 16:5 24:24 41:18,19 45:17 60:23 61:8 taken 1:16 3:2 61:10 70:5,12 takes 13:16 57:12 talked 44:11,13 44:14 49:8 53:19 57:11 64:7 talking 48:24 task 32:11 tasked 30:2 taught 19:22 19:24 20:7,9 22:12 48:17 50:10 55:18,20 57:21 58:4,7 58:12,20 59:3 59:7,8,12,14,18 59:23,24 60:2 60:5,9,11,11,14 60:19 teaching 55:8 55:10
--	---	--	---

[team - understanding]

Page 20

team 16:6 technical 33:19 technique 54:18 technological 62:20 technology 7:5 18:13,15,22 tell 15:2 19:14 telling 53:8 59:18 67:12 tells 45:11 tendered 8:24 32:21 terminal 17:13 36:21 terminals 63:7 63:8,10 terminology 30:1 terms 7:7 10:6 32:6 47:6 test 58:19 testified 4:4 testify 8:6,13 9:9 10:4 testimony 31:5 58:5 thank 5:18 9:13 27:18 28:7 34:2 53:11 60:21 63:24 68:11,24 thesis 55:12	thing 53:8 68:19 things 9:16 27:14 29:9 think 22:1,16 33:18 43:5 67:13 thomas 1:7,15 2:13 thought 17:5 36:2 47:22 three 23:6 41:12 55:9,11 55:24 57:22 60:5 threshold 26:19 55:22,23 56:2 tight 20:4 21:23,24 22:14 23:22 54:19 56:3 59:1,10 59:16,22 60:1 60:12,17 66:15 66:18 67:12 tighter 65:19 65:20,22 66:2 66:7 tightly 19:16 21:12,14 23:4 53:17 54:9,13 56:18,23 57:2 57:6 tightness 57:9 57:16	time 1:20 4:24 7:6 10:15 13:8 13:14 17:22 34:24 35:7,12 35:23 36:8,15 46:14 47:12 48:9 51:7 61:22 62:17 68:11 69:2 70:6,16 times 6:20,22 31:8 38:5 41:12 title 5:23 today 8:1,6,13 29:13 55:10 told 45:23 ton 52:21 trained 8:15 9:10 17:19 55:4,6 training 19:20 19:21,22,23 20:6,16 50:9 53:20 57:12 58:15 60:15 trainings 57:17 transcript 68:20 transit 35:7 36:1 transported 64:9,23 65:13 treat 45:9	treated 46:23 treating 45:21 trip 53:4 triweekly 41:20 true 18:6 20:10 34:16 70:14 try 9:16 trying 53:4,6 56:13,15,16 two 7:3 22:3,11 23:6 31:8 35:2 35:19 55:8,11 55:24 57:21 58:4,7,19,21 59:3,7,12,20,20 59:24 60:2 65:15 types 25:2 65:15
u			
under 12:23 39:18 63:12 undersigned 70:13,20 understand 8:18 10:9 22:20 27:13 31:12 38:17 39:13 58:9 62:23 understanding 8:5,12 12:17 14:20 17:3 18:9 23:11,11 27:15 29:5			

[understanding - witness]

Page 21

31:14 50:12 55:21 57:4 67:19,22 understands 23:17 understood 6:17 22:17 23:1 29:12 undue 55:2 unit 7:5 18:22 29:5 35:8 36:5 36:24 38:5,8,8 47:9 united 1:1,18 units 17:14 35:15 36:7 37:16 41:15 43:3,11 universal 27:7 28:24 54:18 55:5,21 57:4 unwritten 22:22 23:10,23 24:5 39:4 54:16 update 17:21 19:4 updated 18:1,8 updates 17:22 usage 58:16 use 3:12 11:16 12:2,8 15:16 15:18 16:3 20:17 22:18 23:5,7 24:10	24:18,23 30:2 33:8,9 34:23 38:11 40:2,21 40:21 41:1,3 43:14 48:4,23 48:24 49:2,5 50:1 58:7,22 60:15 62:17 66:23 used 13:13 25:2 54:23 55:2 63:10 65:12,24 using 60:10 65:3 66:20 utilize 11:12,20 38:24 utilized 27:17 33:10 48:2 utilizing 23:3	violations 47:1 visibility 10:22 visible 17:7,10 visit 47:15 visitation 8:23 8:24 47:13,24 visiting 47:2 visitors 47:9,10 47:18 48:5 visits 27:13 29:12 visually 24:22 voice 46:24 vs 1:6	wanted 37:20 37:20 49:4 65:22 wants 26:1 washington 2:4 watched 25:16 watts 1:16 70:5 71:6 way 6:14 12:16 18:15,17,18,20 18:23 20:13 22:13 23:19 25:6,18 27:7 29:1 31:9 35:13 42:3 43:8 49:5 51:12 58:8 60:8 62:20 63:10 ways 53:7 we've 44:10,11 wearing 66:4 web 63:9 week 32:21 41:12 weekly 41:19 went 17:11 63:12 west 2:4,15 wheelchair 33:10 wish 68:20,21 witness 4:2 22:9,24 24:1,3 24:7 26:5,11
		w	
		waist 11:4 wait 6:10 waive 68:22,23 waived 70:18 waiver 68:17 walk 16:15 25:16 33:9,23 39:11 43:10 45:12,16,23 46:16,16 49:10 50:1 54:14 66:22 walker 33:10 walking 8:9 10:19 16:11 33:13 walks 11:14 15:11 want 47:18 63:1	
	v		
	v 4:11 value 62:22 variance 48:10 verbal 38:13 verbatim 68:1 verify 18:18 19:7 verifying 18:20 18:23 victor 4:11 videoconfere... 2:3,8,14 viewed 62:21 violation 45:7,8 57:1,7		

[witness - zstillman]

Page 22

26:16 37:11	yeah 21:18
38:18 39:14	22:9,24 24:1
43:13 46:7	24:15 26:11
47:22 51:6	32:9 34:11
56:11,22 61:3	38:18 47:22
63:24 68:13,23	51:6 53:13,23
70:5,10,16,18	56:11 59:18
71:1	61:3,8 63:8
word 41:10	year 57:12
49:23	yearly 57:17
words 23:21	years 7:3,4
work 38:6	25:15 32:9
56:13	yep 6:7
working 7:1	z
20:11 30:20	zach 68:14
31:14 32:4	zachary 2:15
50:18	zstillman 2:17
works 31:11	
worth 20:1	
wrist 20:19	
21:1,19 58:8	
wrists 55:14	
written 12:24	
17:20 22:10,21	
31:17 39:3,7	
40:7 42:12,14	
50:23 51:20,24	
52:10,17 53:16	
54:8,12 57:3	
58:23 67:16,18	
67:23	
y	
y 4:11	
yard 25:17	

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

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Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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